

Borough of



Accrington

PUBLIC HEALTH DEPARTMENT.

ANNUAL REPORTS

OF THE

Medical Officer of Health
and School Medical Officer

JOHN D. KERSHAW, M.B., B.S., D.P.H.

including the

Reports of the Chief Sanitary Inspector
and Cleansing Superintendent

JOHN A. HINDLE, Cert.R.San.I., M.Inst.P.C.

1937



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BOROUGH OF ACCRINGTON.

HEALTH COMMITTEE.

THE MAYOR, Ex-Officio.

Chairman: Mr. ALDERMAN RAWSON.

Vice-Chairman: Mr. COUNCILLOR DUCKWORTH.

Mr. ALDERMAN WILKINSON (A.)

" " WILKINSON (C.)

" COUNCILLOR ARNETT.

" " CAMPBELL.

" " COCKER.

" " HAINES.

" " HARGREAVES.

" " HINDLE (Miss).

" " JOHNSON (H.).

" " LANCASTER.

" " RANSON.

" " ROBERTS.

" " WADE.

MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR, Ex-Officio.

Chairman: Mr. COUNCILLOR ARNETT.

Vice-Chairman: Mr. COUNCILLOR WADE.

Mr. ALDERMAN BURY.

" COUNCILLOR AINSWORTH.

" " BORROW.

" " CAMPBELL.

" " COCKER.

" " CONSTANTINE.

" " HARLING.

" " HIGHAM.

" " HINDLE (Miss).

" " JOHNSON (H.).

" " MILLS.

" " PILKINGTON.

Mrs. HEYS.

Mrs. HOLDER.

Miss HIGHAM.

Mrs. SMITH.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

Medical Officer of Health:

JOHN D. KERSHAW,
M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Sanitary Inspector:

JOHN A. HINDLE, Cert.R.San.I., M.Inst.P.C.,
(Full-time Officer).

Additional Sanitary Inspectors:

JOHN R. WOODCOCK, Cert.R.San.I., M.S.I.A.,
(Full-time Officer).

CLIFFORD CUNLIFFE, A.R.San.I., M.S.I.A.,
(Full-time Officer).

Veterinary Inspector:

HAMILTON BROWN ALLEN, M.R.C.V.S.
(Part-time Officer).

Health Visitor:

Miss C. GREENHALGH. (a). (b).

Health Visitors and School Nurses (combined posts):

Miss C. MUNRO. (a). (b).

Miss M. H. McPHERSON. (a). (b).

Miss R. J. TANNER. (a). (b). (c). Resigned: July, 1937.

Miss E. RIMMER. (a). (b). (c). Resigned: September, 1937.

Mrs. R. FRYER. (a). (b). (c).

Temporary appointment, October, 1937.

Matron of Municipal Maternity Home:

Miss O. HEGINBOTHAM. (a). (b).

Clerical Staff:

Secretary to Medical Officer of Health: Miss E. BILSBORROW.

Clerk: MISS B. RILEY.

Clerks, Health Department:

JOHN WALMSLEY, Miss M. WHALLEY.

Caretakers, Isolation Hospital: Mr. & Mrs. H. MULHALL.

(a) Trained nurse.

(b) S.C.M. certificate.

(c) Health Visitor's Certificate.

Public Health Department.

Town Hall.

Accrington.

**To the Mayor, Aldermen and Councillors
of the Borough of Accrington.**

Mr. Mayor, Lady and Gentlemen,

I have the honour to submit to you my third report on the health of the Borough, covering the year 1937, which is presented in accordance with the requirements of the Ministry of Health and the Board of Education.

There is, once again, a fall in the estimated population, on which I comment on another page. I will only say here that I again consider that there is probably a substantial error in the estimate, which makes our position seem worse than is actually the case. It is regrettable that our Infant Mortality rate, after the low record of 1936, should have materially increased, but the early part of 1938 has shown that the increase is probably only a temporary phenomenon.

The illness of Mr. J. R. Woodecock, the Additional Sanitary Inspector, had an adverse effect upon the work of the department during the year and has, since the year closed, unfortunately culminated in his death. During the whole of the tenure of the post he was one of the Council's most reliable, most ardent and most unselfish servants and his loss is most deeply to be regretted.

Reviewing the year as a whole, I may say that while it has been comparatively uneventful it has, none the less, been filled

with profitable work and that general progress has been made. It is particularly pleasant for me to be able to cast aside the pessimistic tone of my last report and to speak with greater confidence of the future. The decisions of the Committees and Council, at the end of 1937 and the beginning of 1938, to build a new clinic and to appoint a Deputy Medical Officer are an indication of awareness of the shortcomings of the present services and I take them as an earnest of the Council's intention to adopt, in the future, an enlightened policy in health matters.

Though Accrington is not a large town there is no reason for it to develop a sense of inferiority; to feel that because it is smaller than Blackburn or Burnley it cannot emulate their successful and comprehensive health services. In many respects it is true that the larger the town the cheaper and easier is the provision of efficient health services. Our neighbours in the urban districts will perhaps some day realise this and by combining with Accrington obtain not necessarily cheaper services, but better ones at the same cost, a more desirable thing. At the same time, a town of 40,000 population possesses certain advantages from the health point of view. It is big enough to be able to undertake reasonable expenditure and yet small enough for proper control and for the exercise of the intimate supervision which is so valuable, especially in the personal health services. When I first came to Accrington I was well aware of this and I have made no secret of the fact that Accrington could, if it wished, become a model town so far as health services are concerned; a place to be watched and imitated.

I make no apology for my past impatience at seeing these magnificent opportunities wasted and I shall not conceal my pleasure on finding at last tangible signs that the realisation of the opportunities is now coming within our grasp. The end of 1937 brought the beginning of a new hope. The end of 1938 will see the beginning of another stage, for by then the arrears of work will be cleared and development and expansion can properly begin. We are now learning but soon we may start to teach.

To anyone who may imagine that the expenditure on which the Council is now embarking will be final, I must give a word of warning. The clinic and the Deputy Medical Officer are big steps but not the last. A developing health service costs more money the further it progresses, but, as I have said before, every penny spent on health is a wise investment, though it brings no spectacular returns. A handsome building can be seen and admired but disease prevented is disease unnoticed, without even the spectacle of a dramatic cure. The value of a health service is to be judged less by the work it does than by the work it does not need to do. The ratepayers of 1968 will be the gainers by what those of 1938 are paying.

In conclusion I have to thank the members of my staff, clerical, clinical and administrative, for their loyal and painstaking work during 1937. I am also grateful for the help and encouragement which I have received in so great a measure from members of the council, co-opted members of committees, and my fellow chief officials.

I am, Lady and Gentlemen,

Your obedient servant,

JOHN D. KERSHAW,

Medical Officer of Health and
School Medical Officer.

Natural and Social Conditions of the Area.

Area (in acres), 4,418.

Population (census 1931), 42,991.

Registrar-General's Estimated Population (1937), 39,860.

Number of inhabited houses (census 1931), 12,019.

Number of inhabited houses (1937), 12,950.

Rateable value, £247,077.

Sum represented by a penny rate, £937.

Vital Statistics.

Live Births:—

	Total.	Males.	Females.
Legitimate	388	202	186
Illegitimate	14	7	7
Total.....	402	209	193
Stillbirths	22	13	9
Deaths	625	297	328

Birth Rate per 1,000 of the estimated resident
population 10.0

Rate per 1,000 Total (live and still) Births 51

Death Rate per 1,000 of the estimated resident
population 15.6

Deaths from Puerperal causes:—

	Death Rate per 1,000 Total (live and still)	
	Deaths.	Births.
Puerperal sepsis	—	—
Other puerperal causes	4	—
	—	—
Total.....	4	9.43

Death-rate of Infants under one year of age:—

All infants per 1,000 live births.....	57
Legitimate infants per 1,000 legitimate live births	56
Illegitimate infants per 1,000 illegitimate live births	56

Deaths from Cancer (all ages) 84.

Deaths from Measles (all ages) Nil.

Deaths from Whooping Cough (all ages) Nil.

Deaths from Diarrhœa (under 2 years of age), 1.

Rates per 1,000 of Population.

Per 1,000 of Estimated Population

Maternal Mortality
Rate.

Per 1,000
Live
Births.

Per
1,000
Total
(Live and
Still)
Births.

Rate of
Deaths
Under
One Year
per 1,000
Live
Births

Population, 40,420.

Mean of 5 years, 1932-1936...

Year—

1936

1937

Increase or decrease in 1937

on—

5 years' average, 1932-1936...

Previous year

*1937 adjusted death-rate (comparability factor 1.00) = 15.6 per 1,000

COMPARATIVE VITAL STATISTICS.

BOROUGH.	Population Estimated 1937.	Birth Rate.	Death Rate.	Infant Mortality Rate.	DEATH RATE from :								
					Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Respiratory Diseases (except Tuberculosis).	Measles.	Whooping Cough.	Diarrhoea (under 2 years).	Scarlet Fever.	Diphtheria.	Enteric Fever.
Accrington	39,860	10.0	15.6	57	0.82	0.10	1.25	0.00	0.00	0.02	0.00	0.02	0.00
Church	5,564	10.0	13.0	53	0.35	0.00	1.08	0.00	0.00	0.00	0.18	0.18	0.00
Clayton-le-Moors	7,162	12.5	14.9	66	0.27	0.14	1.53	0.00	0.00	0.00	0.00	0.00	0.00
Colne	22,170	11.0	15.5	57	0.58	0.00	0.09	0.00	0.00	0.04	0.04	0.04	0.00
Eccles	42,560	14.7	13.4	65	0.54	0.12	1.52	0.00	0.00	0.12	0.00	0.07	0.02
Farnworth	27,920	12.6	14.1	85	0.46	0.18	1.68	0.00	0.07	0.07	0.00	0.00	0.00
Haslingden	15,400	10.6	15.4	60	0.13	0.00	1.88	0.00	0.06	0.00	0.06	0.06	0.00
Nelson	35,670	9.1	14.6	30	0.39	0.08	0.16	0.00	0.02	0.00	0.00	0.00	0.00
Oswaldtwistle ...	12,720	9.7	15.2	40	0.78	0.00	1.1	0.00	0.00	0.00	0.00	0.15	0.00
Rawtenstall	27,300	9.7	15.0	71	0.51	0.11	1.24	0.00	0.00	0.00	0.00	0.11	0.00

The Total Number of Births, Deaths, Natural Increase, Decreases, Infant Deaths and Infant Mortality
for the past fifteen Years are as follows:—

Year.	Births.	Deaths.	Natural Increase.	Decrease.	Infant Deaths.	Infant Mortality.
1937	402	625	...	223	23	57.21
1936	464	574	...	110	18	38.79
1935	463	591	...	128	19	41.03
1934	445	542	...	97	20	44.94
1933	401	591	...	190	19	47.38
1932	413	569	...	156	30	72.63
1931	463	615	...	152	26	56.15
1930	546	562	...	16	29	53.11
1929	552	669	...	117	35	63.40
1928	544	555	...	11	42	77.20
1927	572	629	...	57	35	61.18
1926	568	569	...	1	43	75.70
1925	573	601	...	28	35	61.08
1924	589	612	...	23	45	76.40
1923	629	546	83	...	37	58.85
Averages: Five Years						
1937-1933	435	584	...	149	20	45.97
1932-1928	503	594	...	91	32	63.61
1927-1923	586	591	...	5	38	64.84

CAUSES OF DEATHS OF ACCRINGTON RESIDENTS DURING 1937.

	Males.	Females.
1. Typhoid and paratyphoid fevers	—	—
2. Measles	—	—
3. Scarlet fever	—	—
4. Whooping Cough	—	—
5. Diphtheria	—	1
6. Influenza	19	12
7. Encephalitis lethargica	2	—
8. Cerebro-spinal fever	—	—
9. Tuberculosis of respiratory system	18	15
10. Other tuberculosis diseases	2	2
11. Syphilis	1	1
12. General paralysis of the insane, tabes dorsalis	1	1
13. Cancer, malignant disease	34	50
14. Diabetes	3	5
15. Cerebral hæmorrhage, etc.	21	26
16. Heart disease	75	92
17. Aneurysm	—	1
18. Other circulatory diseases	17	10
19. Bronchitis	11	7
20. Pneumonia (all forms)	13	16
21. Other respiratory diseases	2	1
22. Peptic ulcer	4	1
23. Diarrhœa (under 2 years), etc.	—	1
24. Appendicitis	1	2
25. Cirrhosis of liver	—	—
26. Other diseases of liver, etc.	1	6
27. Other digestive diseases	3	10
28. Acute and chronic nephritis	12	5
29. Puerperal sepsis	—	—
30. Other puerperal causes	—	4
31. Congenital debility, premature birth, malformations, etc.	12	7
32. Senility	10	17

	Males.	Females.
33. Suicide	4	4
34. Other violence	8	6
35. Other defined diseases	22	25
36. Causes ill-defined or unknown	1	—

Special Causes (included in No. 35 above):—

Smallpox	—	—
Polioencephalitis	—	—
Poliomyelitis	—	—

Totals.....	297	328
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Deaths of Infants under 1 year:

Total	12	11
Legitimate	12	10
Illegitimate	—	1

Live Births:—

Total	209	193
Legitimate	202	186
Illegitimate	7	7

Stillbirths:—

Total	13	9
Legitimate	12	9
Illegitimate	1	—

Population, 39,860.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Death-rates, and Case-rates for certain Infectious Diseases in the year 1937.) England & Wales. London 125 Great Towns and 148 Smaller Towns.

(Provisional Figures based on Weekly and Quarterly Returns).

	England and Wales	¹²⁵ County Boro's and Great Towns including London	¹⁴⁸ Smaller Town Resident Populations 25,000 and 50,000 at 1931 Census	London Administrative County
Births:—	Rates per 1,000 Population.			
Live	14.9	14.9	15.3	13.3
Still	0.60	0.67	0.64	0.54
Deaths:—				
All Causes	12.4	12.5	11.9	12.3
Typhoid and Paratyphoid fevers	0.00	0.01	0.00	0.00
Smallpox	—	—	—	—
Measles	0.02	0.03	0.02	0.01
Searlet fever	0.01	0.01	0.01	0.01
Whooping Cough	0.04	0.04	0.03	0.06
Diphtheria	0.07	0.08	0.05	0.05
Influenza	0.45	0.39	0.42	0.38
Violence	0.54	0.45	0.42	0.51
Notifications:—				
Smallpox	0.00	—	0.00	—
Searlet fever	2.33	2.56	2.42	2.09
Diphtheria	1.49	1.81	1.38	1.93
Enteric fever	0.05	0.06	0.04	0.05
Erysipelas	0.37	0.43	0.34	0.44
Pneumonia	1.36	1.58	1.20	1.18
	Rates per 1,000 Live Births.			
Deaths under 1 year of age	58	62	55	60
Deaths from Diarrhoea and Enteritis under 2 years of age	5.8	7.9	3.2	12.0
Maternal Mortality:—				
Puerperal Sepsis	0.97	Not available.		
Others	2.26			
Total	3.23			
	Rates per 1,000 Total Births (i.e., Live and Still)			
Maternal Mortality:—				
Puerperal Sepsis	0.94	Not available.		
Others	2.17			
Total	3.11			
Notifications:—				
Puerperal fever	13.93	17.57	11.52	4.15
Puerperal pyrexia				14.34

TUBERCULOSIS.

New Cases and Mortality during the year 1937.

Age Periods Years.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ...	—	—	—	1	—	—	—	—
1—5 ...	—	—	1	—	—	—	—	—
5—10 ...	1	—	3	—	—	—	—	—
10—15 ...	—	2	1	—	—	1	—	—
15—20 ...	1	1	—	4	2	—	—	—
20—25 ...	2	—	1	1	4	2	—	1
25—35 ...	1	5	—	2	2	4	1	1
35—45 ...	2	1	1	—	3	7	—	—
45—55 ...	2	1	—	—	6	—	—	—
55—65 ...	2	—	—	—	1	1	1	—
65 & over	—	—	—	—	—	—	—	—
Totals...	11	10	7	8	18	15	2	2
	21		15		33		4	

Section I. ·

Vital Statistics.

VITAL STATISTICS.

The Registrar-general estimates the town's population at 39,860, a decrease of 560 on the estimate for 1936. It is highly probable that the estimate is incorrect, since the natural decrease, the excess of deaths over births is only 223, the remainder of 337 being attributed to emigration. The only available statistics on emigration obtainable locally are those in the schools. We know, however, that owing to the improvement of trade, there was less emigration of young single persons and that movement would be largely confined to married couples with families. The number of children entering Accrington schools from elsewhere exceeded the number leaving the town and the number of families entering the town with children of school age was greater than the number leaving the town, so that it may be assumed that the loss of population through emigration was probably negligible. As I remarked at the time, last year's figure of 40,420 was probably an under-estimate and I consider it almost certain that the population at present exceeds 40,000 and may be in the neighbourhood of 40,500.

Statistically an error such as this, of 1% or so, is negligible, but in practice it is important to realise that our total population is not declining quite so rapidly as the pessimists believe.

The death rate, 15.6 per 1,000, is 1.4 higher than in 1936 and 1.9 higher than the average from 1932-1936. The rise cannot be ascribed to any special cause. Though pneumonia was more prevalent than at any time since 1929 the number of deaths from it, 29, was actually 4 less than in 1936. Influenza caused 31 deaths, as against none in 1936, while tuberculosis, with 33, doubled its toll. On the other hand, cancer, suicide and other deaths from violence showed notable decreases.

The maternal mortality rate was 9.43, as against 4.31 in 1936 (actually 4 deaths as against 2). Though the deaths of 4 mothers may seem a small item compared with, say, our 8 suicides or our 84 deaths from cancer, they are the more tragic

in that in each case it is just possible that death might have been prevented. This is not to say that there was any negligence on the part of anyone concerned; the doctors and midwives particularly have throughout shown commendable zeal and resource. If any specific cause for these deaths is to be found it must rather be sought in the failure of the patient or her relatives to appreciate fully the need for constant care and watchfulness during the ante-natal period.

The Infant Mortality rate for the year, 57.21, is particularly disappointing, coming as it does on the heels of the 1936 figure of 38, which was not only a record for the Borough but in any case a remarkably low figure for an industrial town. Here again, the increase cannot be attributed to any specific cause, many of the deaths being the almost inevitable consequence of prematurity or congenital malformation. The actual number of infant deaths exceeded the 1936 total by 5 only, but, since the total number of births was the second lowest ever recorded in the Borough, the rate per 1,000 births showed a very marked increase.

Section II.

General.

GENERAL PROVISION OF HEALTH SERVICES. HOSPITALS.

General Hospitals.

General hospital services in the area are quite satisfactory. The Victoria Hospital, Accrington, to which the local authority contributes £250 per annum, serves the needs of most residents, but the general hospitals of Burnley, Blackburn, Manchester and Salford are also accessible without difficulty. The Public Assistance Institution Infirmary, Moorlands, Rawtenstall, is also valuable, particularly in the treatment of infants, to which reference is made later.

Infectious Diseases.

Slow, but continuous, progress is being made in the formation of the Joint Infectious Diseases Hospital Board. The ultimate provision of a Hospital is now assured, though it is unlikely to be opened before 1940.

The agreement with the Bury Joint Board has been valuable during 1937, since without it accommodation for all the cases of diphtheria during the 1937 epidemic would have been very hard to find. There remains the permanent difficulty in finding accommodation for puerperal pyrexia, whooping cough and measles, which cannot be overcome until the new hospital is built.

Maternity.

The Municipality provides a maternity home with 11 beds, at Rough Lee. This is open to residents in the Borough and to women from the adjoining Urban Districts. In necessitous cases the fees are reduced or entirely remitted.

The Home is staffed by five trained midwives. Patients are normally attended by their private doctors, but may, if they wish, be dealt with by one of the midwives on the staff. In the latter case, the patient's doctor is always informed beforehand and is called in should the midwife find this necessary.

For Public Assistance cases there is the Moorlands Institution, which also admits a number of private, fee-paying patients.

During the year it was decided to provide for increased consulting facilities and for "flying squad" services. As the Maternity Home is not suitable for dealing with all obstetrical emergencies, arrangements have been made to send special cases to the Bank Hall Hospital, Burnley, under the care of Mr. A. Callam, the consulting obstetrician.

Children.

The treatment of certain defects in school-children is arranged, by the Local Authority, with the Accrington Victoria Hospital. There is also an arrangement with the Moorlands Institution for the admission and treatment of sick infants. Otherwise arrangements are made privately by the parent with the hospital of his choice.

Tuberculosis.

There is no provision within the district for cases of this disease, which are usually dealt with at the County Council's Sanatoria.

AMBULANCE SERVICE.

For Non-Infectious and Accident Cases.

A motor-ambulance is maintained by the Borough Council and kept at the fire-station.

For Infectious Disease Cases.

These cases are removed in the ambulance attached to the hospital to which they are sent.

NURSING IN THE HOME.

General.

This is entirely in the hands of the Accrington District Nursing Association, which performs its work very satisfactorily. No grant is made by the Authority to the funds of the Association.

Acute Infectious Disease.

The District Nursing Association does not undertake this work. Cases of Whooping-cough and Measles are visited by the Health Visitors, but the latter disease is not notifiable and few cases of the former are actually notified, since it is not the practice of working-class parents to call in medical practitioners unless a child is obviously gravely ill, so that only a small proportion of cases come to the notice of the Health Department.

LABORATORY FACILITIES.

The existing facilities have again been in constant use and once more the swab service at the Victoria Hospital has proved satisfactory in operation.

There is, however, room for further improvement and it is proposed to include a bacteriological laboratory in the new Health Centre, so that these investigations can be carried out there. In addition, water and milk analyses will be made.

CLINICS AND TREATMENT CENTRES.

1. Infant Welfare.

Ambulance Drill Hall, Bull Bridge, Accrington. Open daily from 10-0 to 11-0 a.m. Medical Officer in attendance from 2-30 to 5-0 on Thursday afternoons.

Huncoat Council School. First Tuesday in each month, 2-30 to 4-30 p.m. Medical Officer in attendance.

2. **Ante-Natal.**

Ambulance Drill Hall, Bull Bridge, Accrington. Tuesday and Friday, 10-30 to 12-0 noon.

3. **School Clinic.**

Ambulance Drill Hall, Bull Bridge, Accrington. Daily 9-0 to 10-0 a.m. Medical Officer in attendance Monday, Wednesday and Friday.

4. **Orthopædic Clinic.**

Rishton School Clinic. Open on the last Wednesday of each month, by arrangement with the Lancashire County Council. Children may, if necessary, attend more often for remedial exercises.

5. **Tuberculosis Dispensary.**

High Lea, Whalley Road, Accrington. Under the control of the Lancashire County Council.

6. **Venereal Diseases.**

Blackburn Royal Infirmary and Burnley Victoria Hospital. Under the control of the Lancashire County Council.

HEALTH EDUCATION.

During 1937 lectures have again been given to various local bodies and have aroused considerable enthusiasm. Poster propaganda has been continued and, until September, the circulation of "Better Health" was maintained. After that month the enthusiasm of local advertisers waned and their support was no longer forthcoming, with the result that the publication had, unfortunately, to be abandoned. This was the more regrettable in that the magazine had won general appreciation among its readers and was being used in the schools with conspicuous success.

The National Campaign to encourage the wider use of the Health Services, which began in October, has not been, in Accrington, the success which was expected. This was partly attributable to the lack of enthusiasm among those local bodies which might have participated, but it must be remembered that flourishing health services are their own propaganda and that, at that time, our services were, in general, being used to saturation point. Until those services have undergone the further expansion which is necessary and which should come in 1938 it is of no use to campaign for their wider use.

PHYSICAL FITNESS.

A report on 1937 is incomplete without some mention of the Government's campaign for National Fitness which was inaugurated during the year. The Public Health Service in Accrington has taken no official part in the local organisation, nor is it likely to do so in the future unless there is some considerable change in the direction of the scheme. The town already possesses, in the Works Welfare Sports organisation, a body which has done a great deal of valuable work in this field and whose activities are well deserving of greater support.

In practice it appears that the Campaign has been somewhat wide of its proper mark. Ordinary, or even extraordinary, physical jerks can have no lasting appeal to a man whose ordinary daily work leaves him tired. Further, such exercises may be admirable training for the body but have no particular value in securing that co-ordination of mind and muscle which is the acme of fitness. And, finally, a fitness policy must be based upon a sound nutritional policy, which this country certainly does not possess.

Assuming that basic nutrition were satisfactory, the Government would have spent wisely and better if it had subsidised such bodies as our Works Welfare Sports Association and the Youth Hostels Association, and incidentally, facilitated the passage of the Access to Mountains Bill. Instead of formal exercises, games

with an element of brain work, might have been popularised. Fencing and squash rackets, probably the two finest indoor exercises in existence for both mind and body simultaneously, are highly esteemed by those who can afford to indulge in them and it would be a sound move to bring them within the reach of the working man as well as the West End clubman.

Whatever the ultimate reason for the campaign, whether it be a disinterested move toward health or a "through callisthenics to cannon-fodder" preparation for a future war, it should not ignore either the value of open air games and exercises, from walking to rugby football, or the worthlessness of a trained body without a trained mind. Even the body of a Hercules is the better citizen or soldier if it is guided by a mind with the alertness of the batsman or the fencer.

CO-OPERATION WITH PRIVATE MEDICAL PRACTITIONERS.

Early in 1937 an ad hoc Committee was set up by the Acerington Medical Society to discuss a matter of procedure with the M.O.H. After the immediate business of the committee was dealt with it remained in being as a co-ordinating committee of the type which has been recently so much under discussion. It has proved a valuable institution and was indispensable in the negotiations which preceded the start of the general practitioner immunisation scheme. While the committee itself has not done a great deal of work it has unquestionably been the focal point of a higher degree of co-operation than had been ever previously achieved and from this point of view alone it has more than justified its existence.

It is often difficult for the private practitioner, who is concerned almost entirely with curative medicine, to appreciate the point of view of the M.O.H., who is largely a specialist in preventive medicine, and, not infrequently, the M.O.H. in turn is liable to misunderstand the general practitioner. Fundamentally,

of course, there is an irreconcilable contradiction between the two aspects, since the M.O.H. is endeavouring to abolish sickness, which is the sole source of livelihood of his confrère in practice. Actually, the most incurable optimist must admit that both curative and preventive medicine will have to exist side by side in the world until the present general practitioner and, probably, his son after him, have drawn their last earnings from the bottle and the bedside manner. The conflict, however, expresses itself far too often in the assertion that the public health services are robbing the practitioner of his livelihood, an assertion which is very rarely justified by the facts. The sober truth of the matter is that, in general, the clinical services of the local authority deal with matters and persons which the practitioner would not in any case touch and would probably not desire to touch.

The 70% of babies who attend the child welfare clinics, for instance, might, superficially, be regarded as a 70% loss to the practitioner. In actual practice, if there were no clinic, few, if any, of these babies would be taken to the practitioner unless they were ill; if a baby attending the clinic falls ill, it is generally referred to the private practitioner, with the same net result. If the practitioner were paid a capitation fee by the State for supervising healthy babies, there might be truth in the contention, but there would be no economic substance. The doctor would get his fee whether the baby went to the clinic or not!

In general, it may be said that every child attending a clinic is sent to the private practitioner for treatment for every condition for which the parents would normally take it to the private practitioner if no clinic were available. When specialist treatment is given, it is generally supplied only to those children whose parents could not afford the fee of a private specialist and who, therefore, would otherwise get no treatment.

I look forward to the time, which I believe is not too far distant, at any rate in Accrington, when the private doctor will not be an opponent of the personal part of the public health

service and not even a separate and distinct entity, but a lively co-operator. The clinic has no desire to steal patients from doctors; it measures its success by the quality and not the quantity of the work it does. The important thing is that every public health department has, in its medical officers, one or more doctors who have had unusually wide or varied experience in some aspects of children's diseases, child psychology, infant feeding, obstetrics or the like and that this experience is at the disposal of any private doctor who desires it. There is no reason why there should not be a free interchange of patients and opinions between the private practitioners and the clinics and it is pleasant to note increasing signs in Accrington of the development of this.

I should like formally to thank the private practitioners of the town for their co-operation during the year and to express my appreciation of the very generous actions to which, from time to time, this has prompted them.

THE EFFECTS OF UNEMPLOYMENT.

During 1937 an average of some 15-18% of the insured population of the town has been unemployed, in spite of apparent trade improvement. Weighing and measuring of school-children during the year has confirmed the result of my previous investigation; that the children of the unemployed are shorter and lighter than those of the regularly employed. It is not, however, to be expected that the physical ill-effects of unemployment on the children will be dramatic, since the school medical service is able to supplement the diet and various agencies exist to alleviate other manifestations of extreme poverty. The adults, their period of growth being over, are less likely to suffer severely from slight lack of food. What, however, is continually evident in daily contact with the unemployed, is the psychological effect of unemployment.

It is impossible not to be impressed by the mental depression which has followed the economic one and which is gradually

changing the traditional Lancashire character. The reputed humour, initiative, tenacity and far-sightedness are, in the unemployed, becoming overlaid with a fatalistic apathy which is steadily increasing. It is possible for a man temporarily unemployed to be vigorously confident but unemployment lasting for years, with no hope of regular and permanent work, has, at last, to be accepted as a grim fact and a good number of our unemployed have had, perforce, to arrive at that state of resignation, with their future relieved only by the possibility of occasional temporary work coming their way.

The critics of the unemployed often say that they do not wish to work. It is quite true that some of them do not, but some of those very critics work hard only in order that they may retire to comfortable idleness as soon as they can afford it. Few people want work for work's sake but ninety-nine out of a hundred, employed or unemployed, are ready to work hard and long for a proper and reasonable return. The man long unemployed, however, has no option. He is compelled to live a little above the starvation line with nothing to do but remember better days and he is steadily sinking into demoralisation. He has a little escape from reality in his weekly football pool coupon, with its short dream of wealth, and in the cinema which opens a door into a fairy-tale world where everything comes right in the end, and this running away into a life of day-dreams renders him less and less able to face up to realities.

While the Social Service centres may be doing good work, they are, none the less, failing to give the unemployed man what he needs. They are often too much concerned with teaching him to kill time, when it is an eternity of idleness which is before him. There is little satisfaction to be got from the development of a hobby when a man is all the time faced with the realisation that he is on the scrap-heap of society.

The mental health of the worker is just as important as his physical well-being and to preserve the body through the relieving officer or the U.A.B. is useless if the soul is being destroyed.

Nutrition, disease- resistance and physique apart, Lancashire needs a constructive industrial policy if a fifth of the population are not to become useless members of society. The tragedy is that there is work in abundance waiting to be done.

The average private citizen of the country, when a tramp knocks at his door, prefers to give him sixpence to clean the drains or to chop wood rather than to give him threepence to make himself scarce. Why cannot the aggregation of private citizens do as a State what they would do in private life as individuals?

Section III.

Sanitary Circumstances of the Area.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

Local authorities throughout the country have, since the disastrous typhoid epidemic at Croydon, been taking stock of their water supplies. The following special report on this matter was drawn up by me on the instruction of the Health Committee.

REPORT.

Water Supply.

This is provided by the Accrington and District Gas and Water Board.

The town may be divided into three areas of variable size, receiving water of different characters from different sources.

a. Dean Clough.

Dean Clough water is supplied to a small area of Accrington which sometimes comprises only a portion of North Ward, but which may be extended at times to parts of Central or West Wards. It has two components:—

1. Dean Clough.

An upland surface water. The gathering ground is open to a very slight risk of pollution from grazing cattle and other sources.

2. Rishton Colliery.

A deep spring water, pumped from old colliery workings, which is chlorinated by the chloramine process. An excess of chlorine is used which, when the waters are mixed, has a chlorinating effect upon the Dean Clough supply.

The mixed water is subjected to open sand filtration.

As supplied it is a good potable water, safe from harmful contamination and of low hardness.

b. **Mitchells House.**

This water is supplied to a small area of Accrington, generally comprising variable portions of South and Higher Antley Wards.

It is an unmixed upland surface water. The gathering ground is subject to slight risk of pollution from grazing cattle. The water is not chlorinated but is subjected to mechanical filtration. As supplied to consumers it is a good potable water. It has a tendency to excessive softness, but there is no reason to believe that there is any risk from this. The possibility of contamination, however, means that the water requires continuous vigilance until such time as the grazing grounds adjoining the reservoir are closed.

c. **Burnley Road.**

This source supplies the greater part of the town. It consists of a mixed supply, the components being:—

1. **Burnley Road.**

An upland surface water. There is some risk of pollution from grazing cattle and from the extensive public use of the gathering ground.

2. **Altham Bore-hole No. 1.**

A deep well water.

3. **Altham Bore-hole No. 2.**

A deep well water.

The combined water is chlorinated and may be regarded as safe.

Burnley Road water, however, suffers from two recurrent drawbacks.

1. Algal growths.

In the spring and autumn there is a considerable growth of algae in the reservoir, producing a highly objectionable smell and taste, though not injurious to health. The Water Board is dealing with this and should take all practicable steps as soon as possible.

2. Variable hardness.

Bore-hole No. 1 produces a very hard water, No. 2 a medium water and the Burnley Road gathering ground a soft water. According, therefore, to the proportions in which the three waters are mixed, there is a wide variation in hardness which has ranged recently from 24.0 parts per 100,000 to 8.2 parts per 100,000. During the rainy season the proportion of upland surface water rises, but during drought, which occurs distressingly frequently, as much as 90 per cent. of the water is obtained from one or both bore-holes, and considerable variations in the degree of hardness may occur almost overnight.

It is debatable whether, and to what extent, hardness affects the health of human beings, but it is reasonable to assume that an excess of mineral salts may, in certain circumstances, do harm. Hard water certainly can, and does, cause inconvenience, waste, discomfort and, perhaps most important of all, apprehension among the less educated section of the public, who argue with transparent logic, that if hard water causes "furring" of lead and iron pipes it must have an even more harmful effect upon the far more delicate pipes of the human digestive system, an argument to which there is no convincing answer.

Summing up, it may be said that the waters supplied for consumption in Accrington are definitely safe, but to keep them safe constant vigilance is necessary, and it is possible that chlorination of the Mitchells House water might be more effective than mere vigilance.

So far as the hardness of the Burnley Road supply is concerned I cannot, on the grounds of health alone, make a dogmatic recommendation in favour of softening, but so many of the other grounds which I indicated above are indirectly bound up with health that I have no hesitation in saying that, in my opinion, it is highly desirable, on general grounds, that the Altham bore-hole water should either be softened or be mixed with at least an equal volume of upland surface water before distribution. This would permit of the maintenance of an average hardness of 10 to 12 parts per 100,000 which, in my opinion, is an entirely satisfactory figure. The fact that for several years in succession the supply of upland surface water has failed to provide more than 10 to 20 per cent. of the Burnley Road water for a large part of the summer suggests that wider gathering grounds are needed. It is possible that industrial consumption and waste of water may be decreasing, but domestic consumption is undoubtedly increasing and is likely to increase further. It is true that recent summers have been somewhat unusually dry, but this is no guarantee that dry summers will not occur regularly in the future.

If the Board can secure further gathering grounds or obtain a considerable supply of soft water during the summer, the difficulty will be overcome. If, however, there are difficulties in the way of this, the only means of maintaining a completely satisfactory low level of hardness all the year round will be to soften the bore-hole water to some extent.

There are two objections to the installation of a softening plant, but neither of them, in my opinion, is insuperable. The first is the question of expense. Actually softening need not be expensive, but, in any case, expenditure in the interests of the consumer is regarded as sound policy by most public utility undertakings.

The second, closely allied to the first, is that the plant might, and probably would, have to lie idle through the rainy season.

This is, no doubt, deplorable, but there are few undertakings, municipal or private, which have not at some time, quite intelligently, invested in plant which is only required for a small portion of the year.

Drainage and Sewerage.

During the year reconstruction of the Huncoat Sewage works has been begun. Slight extensions of sewerage, totalling 322 yards, have been carried out.

Closet Accommodation.

No. of middens	3
.. .. closets attached thereto	3
.. .. pail closets	103
.. .. dry ashpits	Nil.
.. .. fresh-water closets	5,772
.. .. waste	7,265
.. .. conversions :—	
a. pail to fresh W.C.....	5
b. waste to fresh W.C.....	329

The progress of the conversion scheme has been maintained. while the number of pail closets remaining is high, this will probably be reduced during 1938-39, since preliminary surveys of proposed clearance areas suggest that if clearance orders on these are confirmed a considerable number of pail closets in the Baxenden area will be done away with, as will two of the three remaining privy middens. When this stage has been reached, we shall have achieved an almost complete abolition of pail closets excepting in those parts of the Borough where sewers are not available.

Scavenging.

Dry refuse is disposed of by separation and incineration (86%) and by controlled tipping (14%).

Closet and cesspool refuse is used for covering farm lands.

A detailed report upon the scavenging service is made by the Cleansing Superintendent.

Sanitary Inspection of the Area.

No. of premises visited	8,523
Defects or nuisances. a. discovered.....	1,113
b. abated	1,086
Notices served. a. informal	317
b. statutory	229
Legal proceedings.	Nil.

The Chief Sanitary Inspectors' report under Article 19 (15) of the Sanitary Officers' Order 1926, is included at the end of this report.

Smoke Abatement.

During the year 7 smoke observations have been made. It was found unnecessary to take any legal proceedings. The only concern which gave rise to a serious smoke nuisance was the Accrington Victoria Hospital, which has now taken satisfactory steps to remedy the fault.

Offensive Trades.

10 premises, 8 tripe dressers and 2 gut scrapers, are registered in the Borough. Their conduct is satisfactory.

Swimming Baths and Pools.

There is one municipal swimming bath in the area and no privately owned pools. The municipal bath comprises one large plunge bath, slipper baths and foam baths. The management and general upkeep of the baths is satisfactory.

Schools.

All the schools are periodically visited by the Sanitary Inspectors and reference is made in the report of the School Medical Officer to the findings and necessary action.

During 1938 it is proposed to survey and, where necessary, improve or modify, the lighting of the schools.

Houses let in lodgings, etc.

There are four common lodging houses in the Borough. They have been duly inspected and it has not been found necessary to take any action in regard to them. There are also four houses let in lodgings which are similarly satisfactory.

Tents, Vans, Sheds, etc.

There are no dwellings of this type within the Borough.

Housing Statistics for the year 1937.

No. of new houses erected during the year 1937 :—

(a) Total, including numbers given separately under (b)..	171
(1) By the Local Authority	10
(2) By other Local Authorities	Nil.
(3) By other bodies and persons	161
(b) With State assistance under the Housing Acts :	
(1) By the Local Authority	6
(2) By other bodies or persons	Nil.

1. Inspection of Dwelling-houses during the Year:—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	295
(b) Number of inspections made for the purpose	298
Re-inspections	1134
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidation Regulations, 1925	215
(b) Number of inspections made for the purpose	215
Re-inspections	962
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	215

2. Remedy of Defects during the year without service of formal Notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	100
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3. Action under Statutory Powers during the year:—

A.—Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	84
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	84
(b) By Local Authority in default of owners.	Nil.

B.—Proceedings under Public Health Acts:—

- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied Nil.
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices:—
- (a) By owners Nil.
- (b) By Local Authority in default of owners, ... Nil.

C.—Proceedings under sections 11 and 13 of the Housing Act, 1936:—

- (1) Number of dwelling-houses in respect of which Demolition Orders were made..... Nil.
- (2) Number of dwelling-houses demolished in pursuance of Demolition Orders Nil.

D.—Proceedings under section 12 of the Housing Act, 1936:—

- (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made Nil.
- (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit Nil.

E.—Housing Act, 1936. Part IV. Overcrowding.

- (a) (1) Number of dwellings overcrowded at the end of the year 32
- (2) Number of families dwelling therein 40
- (3) Number of persons dwelling therein 249
- (b) Number of new cases of overcrowding reported during the year Nil.
- (c) (1) Number of cases of overcrowding relieved during the year 49
- (2) Number of persons concerned in such cases 309

HOUSING.

1. General Observations as to housing conditions.

The general standard of housing in the Borough is high. This is attributable to the fact that the most rapid period of expansion occurred between 1870 and 1900, when reasonably enlightened ideas on housing were becoming general. For an industrial town of its situation and size Accrington has comparatively few slums, though it is probable that a further 200 or more houses will require dealing with under this head in the near future.

There are certain common defects in the older houses, the more important of which are absence of damp-proof course, flagged floors and inadequate or unsuitable washing accommodation. There are still 191 back-to-back houses in the Borough.

2. Overcrowding.

No new cases of overcrowding were discovered during the year. Of the overcrowded families found in the first complete survey the majority have been re-housed, but there remained at the end of the year 32 overcrowded dwellings containing 40 families and 249 persons. In spite of the declining population and the increase in building there is still difficulty in re-housing these people in suitable houses at reasonable rents. This is largely attributable to the fact that the new houses being built are mainly being provided by private enterprise for middle-class people. There is a considerable waiting list for Council houses.

3. Fitness of Houses.

No serious difficulty has been experienced in securing the remedying of defects and it is pleasant to note that it has been unnecessary to resort to legal proceedings in any such case. An internal water supply is now available to every house in the Borough and sanitary accommodation, as previously mentioned, is rapidly being brought up to a generally satisfactory standard.

Section IV.

Inspection and Supervision of Food.

INSPECTION AND SUPERVISION OF FOOD.

1. Milk.

During 1937 there were 57 dairy farms in the Borough, with a total of between 800 and 900 cows. In addition to cowkeepers there were 65 dairymen and milk purveyors. There is one pasteurising plant in the area and 34 retail distributors of pasteurised milk.

It is impossible to be satisfied with the general conditions of milk production and handling in the Borough. While a few farmers set and maintain a remarkably high standard, the majority have much room for improvement and some are definitely bad. So far as fat and solid content goes, almost all the milk produced reaches a satisfactory standard, but there is a general failure to appreciate the vital importance of scrupulous cleanliness in milk production. However nourishing milk may be, it must also be bacteriologically safe and the slightest dirtiness may result in serious risk of infection of the milk.

Clean milk production demands a chain of cleanliness of which the important links are

- a. Clean cowsheds.
- b. Clean cows.
- c. Clean milkers and clean milking.
- d. Clean utensils.

The failure of a single link in this chain may entirely neutralise care in other respects.

a. Clean Cowsheds.

The standard of cowshed construction is, on the whole, high, but there are two defects which are still commonly found, wooden stall partitions and brick or flagged manure channels. It is extremely difficult to keep the former properly clean, since the

cracks and crevices in the wood are inaccessible to ordinary cleaning methods. The tubular steel partition is undoubtedly the most satisfactory and should be generally adopted.

It is doubtful whether a brick or flagged manure channel complies with the requirements of the Milk and Dairies Order, 1926, which insists upon an impervious floor. While the brick or stone itself may be impervious, the cracks and crevices between the individual bricks or flags are certainly the reverse of impervious and must harbour manure and hinder cleaning. It is not at all difficult for manure on the floor to be transferred to the cow's hind quarters and udder and to pass thence to the milk.

b. Clean cows.

There is no doubt that the requirements of the Milk and Dairies Order, 1926, in this respect are not being strictly and uniformly complied with. It is essential that every cow, before milking, should have its flank and udder thoroughly washed or cleaned with a clean damp cloth, yet, even in summer, it is possible to see a herd returning from the milking to the fields with the udders or flanks of one-third or one-half of the beasts spotted with dried manure.

c. Clean milkers and Clean milking.

Every milker is required by the above-mentioned Order to wash or dry his hands thoroughly before milking and to keep them, throughout the milking, clean and dry. In far too many of our farms this is honoured in the breach rather than in the observance.

d. Clean utensils.

It is highly desirable that every milking vessel and every bottle, churn or kit used for the conveyance of milk should be sterilised by steam, yet steam sterilisers are the exception rather than the rule in this district.

While inspections are carried out as frequently as possible, shortage of staff limits this frequency. But even with a larger staff the practical details have to be left to the farmer. It is impossible, and it should not be necessary, to have an inspector standing behind every milker twice a day to ensure observation of the essential precautions required by law. The important thing is for the farmer to realise the practical necessity of the recommended steps and carry them out himself.

Milk is an almost ideal food for bacteria. They can grow and multiply in it with tremendous rapidity. Within the space of eight hours, for instance, a single germ can develop into fifty thousand; a spot of dirt no larger than the point of a pin may give rise to millions of bacteria in the milk between milking time and the time when the milk is drunk. A single unnoticed speck of manure, a cough by the milker, or even milking with the hand that has shielded his mouth while he coughed, may be enough to start an epidemic. In short, while there is no food better than good, clean milk, there is none more dangerous than dirty milk. "Dirty," moreover, is a relative term. A paving stone in the street may be called "clean," but its cleanliness is of an entirely different order from that of a hospital operating theatre where the surgeon is at work. It is "hospital" cleanliness at which our farmers must learn to aim, and, while I, personally, favour pasteurisation of milk, I cannot give support to the view that pasteurisation is any substitute for cleanliness. With raw milk, cleanliness must be paramount, and the public can help by demanding it.

Few people would eat bread baked in the average cowshed, or meat sold from it, yet they will drink milk which may vary from the very slightly contaminated to the disgustingly dirty. If they would visit the farms from which their milk comes and even demand a standard of cleanliness equal to that of their own kitchens, the worst of our farms would have to come into line with the better ones.

For the more lax of the farmers, this cleanliness will involve an expenditure of time, trouble and money, but dirty milk production cannot be condoned on those grounds. If a man cannot afford to maintain his motor-car in a reasonably safe and roadworthy condition, the law can now compel the removal of that car from the road. If he cannot afford the even more important trouble and equipment which will ensure a clean milk supply it is only right that his milk should be removed from the market.

2. **Meat, etc.**

There is one municipal abattoir. In addition there are two licensed slaughterhouses in the Borough. All carcasses slaughtered in the Borough are examined by the Council's meat inspectors. It is gratifying to record that the attitude of the butchers of the district toward the Health Department is, almost without exception, one of co-operation.

3. **Adulteration of food and drugs.**

Ninety-two samples were submitted for analysis, four proving to be adulterated. Informal action was taken in each of the four cases.

4. **General.**

Food handling methods in the Borough are, on the whole, good, though there remains a great deal of carelessness and dirtiness in some of the smaller shops. It seems probable that only public demand will produce the necessary radical reforms in this respect.

Section V.

Infectious Diseases.

INFECTIOUS DISEASES.

The arrangements previously in force in regard to the prevention and control of infectious disease have remained unchanged during 1937. The statistical tables give the incidence of notifiable disease during the year. The system of weekly returns, from the schools, of non-notifiable diseases was continued in 1937 and a note on this appears in the report on the School Medical Service.

Diphtheria.

The incidence of diphtheria during the first nine months of the year was below the average, but an epidemic in the last quarter brought the total number of cases up to 96, an increase of 26, or nearly 40%, on the 1936 total. Of the persons affected, only 13 were above school age and 4 below, so that the vast majority were school children.

The epidemic appeared to have two sources, no connexion between them being traced. One was in the Woodnook district and the other in North Ward. Simultaneous spread occurred in two groups of schools, the two Woodnook schools and another group centering on St. John's. The Woodnook outbreak was small and comparatively short-lived, no case traceable to it occurring outside that limited area. The St. John's school outbreak, however, gave rise by home contacts to smaller epidemics in St. Anne's and St. James's schools, while one of the St. Anne's cases caused, again by home contact, a sudden and severe small epidemic in St. Oswald's school early in 1938, and thence produced a remarkably severe general epidemic which continued through the first four months of the year.

The 1938 epidemic will be discussed in detail in the 1938 report, in view of certain peculiar characteristics which it possessed. The 1937 one was not unusual in character, the cases being all of moderate severity and only one death occurring, though it seems probable that a second death, attributed to

tonsillitis, was actually caused by diphtheria. It is, however, interesting to note two features, first, that no carrier could be traced and that the infection was probably almost entirely from ease to ease, as against the undoubted carrier spread of 1938, and, second, that though the infection spread directly, by home contact, from St. John's to St. Anne's school, it completely missed Peel Park school, although the children from the latter were probably exposed to home contact with the St. John's children to a greater extent. It would seem probable that this was, in fact, due to the higher level of nutrition and general well-being at Peel Park and to a consequent higher level of resistance to the disease.

Scarlet Fever.

37 cases of scarlet fever were notified, as against 48 for 1936. There were no deaths, the disease being generally of a mild type.

Other Diseases.

The figures for the other infectious diseases remained much the same as in previous years and call for no special comment.

Notifiable Diseases (other than Tuberculosis) during the Year 1937. ("Notified" Cases only included).

Diseases Notified	Total Cases at all Ages	TOTAL CASES NOTIFIED.												Total Deaths	Total Cases removed to Hospital	Deaths in Hospital of persons belonging to district
		YEARS.														
		Under 15	1	2	3	4	5	10	15	20	35	45	65 and over			
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	10	—	—
Scarlet Fever ...	37	—	—	3	2	3	15	10	2	2	—	—	—	82	—	—
Diphtheria ...	96	1	1	—	5	6	49	20	6	7	—	1	—	—	1	—
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
Puerperal Fever & Pyrexia.	2	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	3	3	—	—	—	—	—	—	—	1	1	2	5	2	—	—
Erysipelas ...	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	40	4	6	11	6	9	14	—	—	—	—	—	—	—	—	—
Measles ...	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	5	1	1	—	—	—	6	—	3	7	7	22	8	—	—	—
Totals...	252	9	8	14	13	18	84	30	11	18	9	25	13	95	4	—

Notifiable Diseases.	1937		1936		1935		1934		1933		1932		1931		1930		1929		1928	
	Notified	Deaths	Notified	Deaths	Notified	Deaths	Notified	Deaths	Notified	Deaths	Notified	Deaths	Notified	Deaths	Notified	Deaths	Notified	Deaths	Notified	Deaths
Smallpox	-	1	-	5	-	6	-	4	-	38	-	2	-	1	-	4	65	-	18	-
Diphtheria	96	-	70	-	64	-	79	-	38	-	8	2	16	1	19	4	11	2	9	1
Erysipelas	9	-	13	-	8	-	34	5	9	-	12	-	13	-	16	-	17	-	21	-
Scarlet Fever	37	-	48	-	48	1	279	3	394	3	23	1	61	1	106	2	193	1	76	1
Enteric Fever	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	50	-	60	1	32	1	60	2	55	-	83	2	14	3	-	2	-	-	-	1
Cerebro-spinal Meningitis	-	-	-	-	-	-	1	1	-	1	-	-	2	1	-	-	-	-	-	-
Chickenpox	-	-	48	-	83	-	100	-	94	-	161	-	111	-	123	-	150	-	124	-
Encephalitis Lethargica	-	2	-	2	1	2	-	-	-	-	-	2	-	1	4	3	2	5	3	1
Acute Poliioencephalitis	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Ophthalmia Neonatorum	3	-	2	-	4	-	3	-	-	-	2	-	-	-	2	-	6	-	9	-
Puerperal Fever & Pyrexia	2	4	3	2	8	2	3	1	4	-	1	-	2	-	3	-	3	-	2	-
Pneumonia	55	29	41	36	40	28	43	29	54	34	31	27	31	30	32	25	92	53	62	36
Pulmonary Tuberculosis	21	33	23	15	36	21	23	10	28	20	36	26	21	25	25	32	32	22	38	31
Other forms of Tuberculosis	15	4	12	9	22	2	20	3	13	2	26	3	11	5	21	6	19	6	15	8

IMMUNISATION AGAINST DIPHTHERIA.

During 1937 90 new patients attended the clinic for immunisation. Eleven of these were Schick-negative. The remaining 79 were immunised, 71 with three injections of T.A.M. and 8 with T.A.F.

The following table summarises the results:—

Total new cases attending clinic in 1937	90
Schick negative	11
Immunised	79

Prophylactic T.A.M.

Immunised	71
Subsequent Schick negative	20
,, ,, positive	2
Not subsequently tested	49
Refused test	Nil.
Left district	3
Not due for test till 1938	45
Ill when due for test	1

Prophylactic T.A.F.

Immunised	8
Subsequent Schick negative	2
,, ,, positive	Nil.
Not subsequently tested	6
Not due for test till 1938	6
Other reasons	Nil.

Children immunised in 1936 and subsequently tested in 1937.**Prophylactic T.A.M.**

Tested	7
Schick negative	7
Schick positive	Nil.

Prophylactic T.A.F.

Tested	2
Schick negative	2
Schick positive	Nil.

It has been apparent during the year that, while the clinic has been fulfilling a useful function, it has not been by any means a complete success. To immunise 181 children in two years is well enough for the children concerned but is negligible as a contribution toward the complete freeing of the town from the disease, which is the goal to be aimed at.

There is abundant proof that it is possible to render and keep a community free from epidemics of diphtheria if a certain proportion of the individual members are actively immunised against the disease. To effect this in Acerington, some 4,000 children under the age of 15 would require to be immunised and it is obvious that this end cannot possibly be achieved at the present rate of progress.

It seems unlikely that, so long as the scheme is purely one of an immunising clinic, any such result can be obtained. The clinic can only immunise those who come to it. What is required is an organisation which will carry immunisation into the homes. With this end in view it is proposed, in 1938, to start a general practitioner immunisation scheme by which the private doctors of the town will immunise patients free of charge and receive a small fee from the Corporation for each completed immunisation.

This definitely offers a greater probability of success. The private doctor can, if he co-operates whole-heartedly, easily persuade parents to have the requisite 60% of our child population immunised, and there is no reason to expect the doctors to co-operate otherwise than whole-heartedly. It is by no means beyond the bounds of possibility that, in three or four years' time, even if the 60% has not been reached, the number of immune children will be sufficient to limit the spread of the disease to small localised epidemics and that major outbreaks, like that of 1937-38, will be improbable.

Such a scheme will be expensive. A cost of £300-400 in each of the first three years and a subsequent perpetual cost of £50-80 a year is a probable figure which may, possibly, be materially exceeded. But even on the side of cold finance, the present bills of £1,000-1,500 a year for hospital accommodation may be halved and the scheme thus more than pay for itself, while it is never possible to weigh money against death or suffering.

Vaccination.

A vastly different problem is presented by vaccination. Accrington is the least-vaccinated town of the least-vaccinated part of the country and the indications are that vaccination is becoming rarer still.

"Is vaccination worth while?" is a question often put to me in the clinics. I am of opinion that, on the whole, the vaccination of infants is desirable for the following reasons:—

1. Vaccination **does** confer immunity to small-pox. Admittedly there is little of that disease at present, but the terror it can inspire must surely be still present in the minds of Accrington people.

2. The vaccination of an infant is free from danger. The occasional disasters which have followed vaccination have occurred in persons who were being vaccinated **for the first time** as adolescents or adults.

3. Since the Services and certain schools, trades and professions make vaccination compulsory upon all entrants to them, it follows that anyone entering them is exposed to this slight danger of post-vaccinal encephalitis if his vaccination on entrance is his first. If he was previously vaccinated as an infant he is safe from contracting it on this second vaccination.

It follows, therefore, that vaccination in infancy is desirable in:—

1. Any child who may be exposed to small-pox, or who is likely to be taken to a part of the world where small-pox is prevalent.

2. Any child whose parents plan for it a career of the type indicated above.

There may be those who wish to see their infant's horoscope before making up their minds, but the wise parent, in view of these facts, should have no hesitation in playing for safety and having his baby vaccinated as a baby.

The above is, of course, personal advice at the present day. Actually there is much to be said against compulsory vaccination and it is not at all impossible that the bodies I mention in (3) above will, in the fairly near future, cease to make vaccination a condition of entry. When that happens, vaccination will once again become a matter of free choice for the parent. In any case, however, grounds (1) and (2) above will remain and, while I can see no great virtue in compulsory vaccination, the individual parent who may consult me will still receive the same advice.

Section VI.

Maternity and Child Welfare.

ROUGH LEE MATERNITY HOME.

Number of maternity beds (exclusive of isolation and labour)	11
Number of maternity cases admitted during the year	202
Average duration of stay	12½ days
Number of cases delivered by :—(a) Midwives	87
(b) Doctors	115
Number of cases in which medical assistance was sought by a midwife in emergency	24
Number of cases notified as :—(a) puerperal fever	Nil.
(b) puerperal pyrexia	Nil.
Number of cases of pemphigus neonatorum	Nil.
Number of infants not entirely breastfed while in the Institution	21
Number of cases notified as ophthalmia neonatorum	1
Number of maternal deaths	1
Number of infant deaths :—	
(i) stillborn	11
(ii) within 10 days of birth	2

Cause of death in each case :—

1. Atelectasis. Natural Causes. (Inquest).
2. Inanition. Prematurity.

Number of Live Births :—

	Accrington residents.	Non-residents.	Total.
	136	57	193
Number of stillbirths	8	3	11
	—	—	—
Total live and still.....	144	60	204
	==	=	==

142 Accrington residents ... 144 live and stillbirths.

(2 sets of twins).

58 Non-residents 60 live and stillbirths.

(2 sets of twins).

The total number of cases dealt with in Rough Lee remains very similar to the totals of previous years, as does the percentage of the Borough's births taking place in the Home. There is again an increase in the number of cases from outside the Borough admitted to the Home.

The increase of out-district cases is, naturally, giving rise to concern in some quarters. There are now times when the Home is uncomfortably full and when it might possibly be desirable to exclude these patients in the interests of the rate-payers who have first claim on the Home's facilities, but such a course is quite impracticable, since it is impossible to forecast accurately the periods of congestion and the inconvenience caused to prospective patients would outweigh any relief of the crowding. A more serious and legitimate cause of concern is the financial one.

The total cost per patient per week in the Home is approximately 126 shillings, or, excluding loan charges, 106 shillings. Since the out-district patient pays 73/6 per week the ratepayers of Accrington have to find the remaining 32/6 or 52/6 according to the method of calculation. Even when all the overhead charges are left out of consideration each out-district patient still derives direct benefit from the Accrington rates, to which, of course, she does not contribute.

The County Council, in its wisdom, has decided to make a grant of 30/- for each case which, being admitted to Rough Lee, does not become a charge upon the County's midwives' scheme, but this grant is not made for cases admitted from outside areas, although the saving to the County is exactly the same in such cases. If the grant were made for out-district patients it would bridge the gap between the patient's payments and the cost to the Accrington Corporation and thus eliminate this very real cause of dissatisfaction.

During the year, the Matron and the Sister of the Home have undergone a course of training in the use of the Minnitt gas-air apparatus, which is now in use for analgesia in almost every case delivered in the Home. The use of the apparatus has been an

unqualified success. In the majority of cases it gives almost complete relief from pain and in most of the remainder considerable relief is experienced. In only a very small minority of cases is no relief at all obtained, such failures being generally attributable to the mother's fear or anxiety being so great as to prevent her from making intelligent use of the apparatus.

One serious shortcoming has become manifest during the year. While the Home is, generally speaking, adequate in accommodation so far as actual deliveries are concerned, its working margin, the difference between the average number of patients in residence and the total accommodation, is too small, except during the most idle times of the year. This has two results. First, the Home frequently becomes overcrowded for short periods and second, and more important, the threat of sudden overcrowding being always present, it is impossible to admit anything like the number of ante-natal cases which require treatment in an institution, since to admit them would mean that there might not be beds enough for women actually in labour.

This question has been discussed by a special sub-committee, which has decided that some steps should be taken to improve the position. It is highly desirable that the Home should be extended so as to provide two or three ante-natal beds, a second labour ward, and, which is also important, more and better isolation accommodation. If the Home is to be used to the best advantage, these extensions should not be long delayed.

Costs.

The following figures are extracted from the costing returns for the year ending 31st March, 1937. In each case they are expressed in terms of the cost per patient per week.

	Shillings.	Pence.
Salaries, etc. Medical	—	3.7
Nursing	22	4.2
Other	18	1.9
Provisions. (Patients and Staff).....	17	5.9

	Shillings.	Pence.
Drugs, instruments, etc.	6	11.5
Fuel, light, water, laundry	18	8.7
Domestic repairs, renewals, etc.	5	8.7
Structural work and painting	6	6.0
Rates, taxes, insurance, etc.	4	2.9
Loan charges	19	5.3
Other expenditure	6	4.7
Deduct income other than patients' payments	0	1.8
Total cost	126	1.7
Total excluding loan charges	106	8.4

The total cost is, actually, lower than that of any other maternity home in the County and, in view of the high standard generally maintained, coupled with the fact that an annual average of only 64% of the beds are occupied, may be viewed with satisfaction.

MATERNITY AND CHILD WELFARE.

The general scheme of the services under this head remains unchanged. With the projected increase in staff it will be possible to secure certain necessary improvements.

1. Ante Natal Examination and Treatment.

Number of individual women attending the ante natal clinic	139
Number of attendances made during the year	563
Number of visits paid by the Health Visitors to expectant mothers:—	
First visits	48
Total visits	80

The fall in the number of women dealt with in the clinic, which was, to some extent, to be expected, in consequence of the fall in the birth-rate, is, nevertheless, an unsatisfactory feature. If women who did not attend the clinic invariably obtained satisfactory supervision privately there would be no cause for disquiet, but this, unfortunately, is not the case. It can be reckoned that about one-half of the mothers of the Borough have no medical ante-natal supervision at all, unless a doctor is called in for some specific symptom, a most unsatisfactory state of affairs. It is encouraging to note that mothers are tending to make use of the clinic slightly earlier in pregnancy, but the majority still come far too late and the same applies to many of those who obtain their supervision privately. When one realises that the ideal is for every woman to have ante-natal care from a doctor for the whole of her pregnancy, the unsatisfactory state of affairs becomes even more manifest.

It has been impracticable to arrange for all midwives' patients to attend the clinic, though this should be an essential feature of the County Council's scheme under the Midwives' Act, and, although the projected increase in the medical staff may ease matters generally, it is unlikely that it will permit of this extension.

In some towns a general practitioner ante-natal service is in force and its pros and cons are worth discussion here. Under such a scheme every woman is entitled to ante-natal supervision by her private doctor, the fee being paid by the Local Authority. In favour of the scheme the following points are claimed:—

1. Continuity of supervision.

The doctor who will attend the confinement is the doctor who sees the patient from the beginning. He has thus a better knowledge of his patient when the need for his services arises during labour.

2. **Extent of service.**

A woman may be shy of visiting a strange doctor in a clinic while she will more readily go to her own doctor. She will also go to her own doctor as soon as possible, instead of, as at present, postponing her visit to the clinic as long as she dare.

On the other hand, the following objections to the scheme may be raised :—

1. **Efficiency of service.**

Efficient supervision is more likely to be maintained by a clinic officer of special experience than by a private practitioner who does only a very limited amount of midwifery. If the clinic officer reports his findings to the private doctor the latter will know as much as, or more than, he would have done if he had carried out the examination himself.

2. **Directness of supervision.**

The clinic has its Health Visitors to follow up the patients and keep as intimate a touch with them in their homes as the private doctor can.

3. **Maternity Homes.**

In maternity homes the doctor is called in in less than half of all cases. It is, therefore, more desirable, as regards continuity, for the staff of the home to be in touch with the patient throughout the ante-natal period than for her to be under her doctor privately and for the midwives in the home, who have to bear the first responsibility at the confinement, to know little or nothing about her.

4. **Frequency of examinations.**

If a fee is being paid to a private practitioner for each examination, there is a tendency for the Authority to cut down the number of examinations to a necessary minimum. If the examinations are done at a clinic by a salaried medical officer, he will aim at a desirable maximum of examinations.

It will be seen that there is a valid case to be made out for either side. I am convinced that there are places where the clinic scheme is undoubtedly the best and others where a general practitioner scheme is better and I am reluctant to commit myself to any principle. It is, in particular, doubtful whether, except in a very large town, the two schemes could exist side by side, experience having shown that there is a tendency in such cases for patients to gravitate to the clinic and for the private practitioner scheme to become almost a dead letter. Certainly, for the success of a private practitioner scheme, the following desiderata would appear very necessary:—

1. Either the scheme should be restricted to a panel of the most competent obstetricians of the area or the practitioners should themselves have a mutual understanding by which certain of them either referred their cases to colleagues or called colleagues in in consultation. It is undesirable that a doctor who does not care for midwifery and limits his midwifery practice to an irreducible minimum should have to bear all responsibility for ante-natal work on the greater number of cases which would undoubtedly reach him under the scheme.

2. When a patient under the scheme proposes to enter a maternity home, the examination by the doctor should be carried out in close collaboration with the midwives at the home, either at the home itself or in a clinic associated with it.

3. The local authority must be prepared to pay a fee adequate to ensure at least three and, in cases which book early, at least four ante-natal examinations and one post-natal examination. Since earlier bookings are desirable, the four examinations should be regarded as a probable general standard.

So far as Accrington is concerned I am inclined to consider that a general practitioner scheme could be satisfactorily worked in the town. There exists that good relation between practitioners which I have mentioned as an essential and undoubtedly such a

scheme would offer the best way of providing a really complete service. The cost would be considerable but would, I think, in all probability be justified by results. It is, however, important to remember that to cut the cost by limiting the scope and efficiency of the service would be a most dangerous and reprehensible thing. The present scheme has worked and is working tolerably well and it is better to keep it than to replace it by a general practitioner service which is not, so far as is humanly possible, perfect in all respects.

Treatment of Defects.

Dental Treatment.

The scheme for treatment of dental defects is now in force. Little use has been made of it so far, but where it has been used it has been very valuable. In brief outline the scheme may be summarised as follows:—

1. If an expectant mother is in dental benefit she is expected to obtain treatment through the National Health Insurance. If she is not in benefit she is dealt with at the clinic.

2. The scheme applies to expectant mothers between the third and sixth months of pregnancy and to nursing mothers up to one year after the birth of the child. If the defect is discovered too late for treatment ante-natally it is remedied after the child is born.

3. Treatment consists of fillings, extractions and, where necessary, the supply of dentures, partial or complete. A nominal charge is made for treatment and dentures are supplied at cost price. If the mother is in reduced circumstances, treatment may be given free and the dentures are supplied free or at a fraction of the price according to a sliding income scale.

As the scheme only operated during the last three months of 1937, no dentures were supplied during the year.

Ophthalmic Treatment.

The provision of ophthalmic treatment for expectant mothers has been approved in principle and will be put into practice in 1938.

2. Post-Natal Examination and Treatment.

Post-natal advice is given to mothers when they attend the Infant Welfare Clinic after the birth of the child. The services of the consulting obstetrician are available in such cases. In 1938 it is hoped to institute a formal post-natal clinic.

3. Consulting and Emergency.

The services of the consulting obstetrician have been retained. Broadening provision has been made for the holding of consulting ante-natal and post-natal clinics as required.

By arrangement with the County Borough of Burnley, a "flying squad" service, under the consulting obstetrician, based on the Burnley Municipal Maternity Hospital, has been instituted. Its services were not required in 1937 and it is improbable that they will ever be needed on more than two or three occasions in the course of a year, but the value of having the service available if necessary is undoubted.

4. Infant Welfare Clinics.

Number of visits paid by the Health Visitors:—

To infants under one year of age (1) First visits...	384
(2) Total visits..	3767
To children 1 to 5 years	Total visits 1763

Number of attendances at the Infant Welfare Clinic:—

By children under one year of age	4540
(70.83% of notified births attended).	
By children 1 to 5 years	1741

145 persons received farmer's milk, free of cost.

46 persons received Dried Milk, free of cost.

(25 ante-natal cases; 120 others).

5 persons received Virol or Extract of Malt.

(Nil ante-natal cases; 46 others).

There is every reason for satisfaction with the work of the clinic during the year. While the percentage of children born during the year attending the clinic is still not as high as it might be, the previous year's figure has been maintained and the total number of attendances is, proportionately, much the same. It is in the increase in the attendances of children between 1 and 5 years, from 940 to 1741, that the most gratification is to be found. This is evidence that the value of supervision of pre-school children is being appreciated by parents, and, though the figure is rather lower than that of 1935, there is no true comparison, since regular consultations and periodical routine examinations by the Medical Officer were not then carried out.

It cannot be too strongly emphasized that such regular supervision of the toddler is at least as important as any other phase of child welfare work. A scheme which looks after the infant till it is a year old and then proceeds to leave it alone till such time as it attains school age is worse than useless. It is, in fact, a positive danger, since it deludes a mother into believing that the first year of life is the most important. Actually, while the first few months may be the more dangerous to life, it is the second, third and fourth years in which there is the greatest danger of defects developing insidiously until they result in permanent, partial or total disablement. In the case of squint, for instance, a defect rarely met with under the age of one, neglect until the child begins to go to school will probably cause partial blindness in the affected eye. Knock-knee is one of the easiest conditions to treat in a pre-school child, but an established knock-knee in a school child may present the utmost difficulty in its cure or improvement.

Side by side with inspection and supervision goes treatment. During 1938 schemes for the dental and ophthalmic treatment of pre-school children will be added to the present orthopædic and minor ailment treatment schemes, and the end of that year should see a sound, all-round system in force. The provision of a scheme, however, is one thing, the use of it another. Just as the institution of new facilities in the School Medical Service has brought about an increased willingness on the part of parents to send their children to the clinic it may be hoped that before long it may be as much the "done thing" to bring a toddler to the clinic as it is now to bring a baby in arms.

The monthly clinic at Huncoat has continued and has been supplemented by a regular weekly visit by a Health Visitor. Its operation has been in the highest degree satisfactory and it has convinced me of the desirability of holding other branch clinics. One will be opened in Baxenden in the latter part of 1938 and one in Spring Hill early in 1939.

During the year it has become abundantly clear that one Infant Welfare session a week is far too little. A second session was begun in 1938 and at the time of writing the attendances fall into roughly equal parts on the two afternoons, with a great relief of congestion and, what is most important, a considerable increase in the number of consultations with the Medical Officer. With the full clinic scheme, including branches, in operation, a total of three sessions per week will be possible, but this must be regarded as an essential minimum. Even wider extensions may in future be necessary.

It is, of course, necessary to add that all such development will be along the lines foreshadowed in the special report on the care of the Pre-School child which was included in my last Annual Report.

Milk Supply.

A considerable amount of comment has been caused by the principle which I have adopted, in the Infant Welfare Clinic, of insisting that where milk is supplied free for consumption directly

by a child only pasteurised milk is approved. A very natural resentment has been shown by local producer-retailers and has been reflected in Committee meetings and it therefore seems desirable to make, here, some report on the question. In another section of this Report there is a note on the conditions of the local milk supply generally, to which reference may be made.

The problem may be considered under two heads:—

1. The dangers of consuming raw milk.
2. The nutritive value of the various kinds of milk.

1. The gravest constant danger in raw milk is the presence of tubercle bacilli. It has been estimated that about 40 per cent. of the cows in this country are tuberculous and, while all these are not always infecting the milk which they yield, such danger is always to be feared. There is no doubt that the great majority of cases of tuberculosis in children, particularly where bones, joints or glands are involved, result from milk-borne infection.

Other diseases are also sometimes carried by milk, the commonest being scarlet fever, streptococcal sore throat, undulant fever, enteric fever and other gastro-intestinal diseases. How real the danger is may be realised from the following list of recent major epidemics:—

1935. Chelmsford, Scarlet Fever. 487 notified cases.

The total number of mild and severe cases is estimated at about 2,000 in this epidemic alone.

1935. Eton. Scarlet Fever. 100 cases.

1936. Bournemouth, Enteric Fever. 718 cases. (51 deaths).

1936. Wilton. Gastro-enteritis. 132 cases.

1936. Doncaster. Scarlet Fever. 160 cases.

There is no doubt, in any of these cases, that the primary cause of the epidemic was the consumption of infected milk.

The list is an imposing one and when it is realised that this is only concerned with large epidemics of severe disease and that there must, undoubtedly, be a far longer list of smaller outbreaks of milder disease, it constitutes a grave indictment of ordinary raw milk as a foodstuff.

In the endeavour to prevent such transmission of disease, milk has been graded and certain conditions imposed upon the producers of the various grades.

(a). Tuberculin-tested milk.

The cows in a tuberculin tested herd are periodically tested for tuberculous and any infected beast is removed from the herd. Certain standards of cleanliness in the dairy are enforced.

Tuberculin-tested milk may be regarded as absolutely free from the risk of tuberculous. There is no check, however, on the risk of infection with the germs of other diseases, and, though the extra cleanliness goes some way in this direction, it is by no means sufficient to avoid all risk. Moreover, the maintenance of such a herd is expensive and the milk produced is, generally, retailed at a price beyond the means of average persons.

(b). Accredited milk.

The cows of an accredited producer are periodically inspected for signs of tuberculous and certain standards of cleanliness are enforced. While this reduces the risk of tubercular infection it does not eliminate it, since cows may be suffering from the disease but show no signs at inspection.

The standards of cleanliness will somewhat reduce the risk of other diseases but cannot eliminate them.

The producer of accredited milk receives a bonus for producing it and is able to retail it at the standard price.

(c). Pasteurised milk.

Pasteurised milk is milk which has been held at a certain temperature, i.e. between 145° and 150° Fahrenheit, for 30 minutes, and then immediately cooled to not more than 55° Fahrenheit. The pasteurising firm must obtain a licence from the local authority, which insists upon the strict observance of rigid conditions regarding the use of the apparatus. There is no doubt that pasteurisation, properly carried out, kills all the harmful bacteria which are likely to find their way into milk, and that the proper carrying out of the process can be assured by the supervising authority.

Pasteurisation has also certain other beneficial effects, one of which is to improve the keeping quality of the milk.

Summarising the position, one may, therefore, say that

(a). Un-graded raw milk carries a definite risk of infection with tuberculosis or some other disease.

(b). Tuberculin-tested milk carries no risk of infection with tuberculosis, but a slight risk of other diseases.

(c). Accredited milk carries a slight risk of tuberculosis and of other disease.

(d). Pasteurised milk carries no risk of any disease.

2. It is, however, sometimes suggested that pasteurised milk is inferior to raw milk in nutritive value and that boiled raw milk is as safe but more nutritious. The last contention is completely untrue. The boiling of milk, or the heating of milk to boiling point, definitely destroys the vitamins and interferes with the bone and tissue-building elements, which are of particular importance to children.

As regards the relative value in nutrition of pasteurised and raw milk, there is no evidence to show that the treated product is in any way inferior. Experiments on school-children and on

calves have shown that those fed on pasteurised milk thrive as well as those fed on raw milk. An interesting experiment was carried out in 1937, at the Hannah Dairy Research Institute, the results of which are worth quotation. Thirty-six calves were fed on raw milk and thirty-seven on the same milk pasteurised. Experts were unable to detect any difference in their nutrition, but of the thirty-six fed on raw milk twenty-three developed tuberculosis, mainly in the lungs, while none of those fed on the pasteurised milk contracted the disease. This, surely, is evidence enough for the most hardened sceptics.

As a final summing up, therefore, we may say

(1). That raw milk, though nutritious, carries a grave risk of disease.

(2). That boiled milk, though carrying no risk of disease, is less nutritious than raw milk.

(3). That pasteurised milk carries no risk of disease and is still as nutritious as raw.

The adult is reasonably safe from tuberculosis from milk, this form of the disease affecting children almost exclusively, and may, generally, drink raw milk with impunity. But it cannot be too strongly emphasised that to give raw milk to a child is to take an unjustifiable risk and that, until tuberculin-tested milk is as cheap as ordinary milk, the pasteurised grade is undoubtedly the most satisfactory.

I do not lose sight of the fact that this is a drastic recommendation, involving, as it does, part of the livelihood of a large number of present producer-retailers, and I would like to point out that there is no risk whatever in using farm milk for puddings and for hot drinks for children. Even so, the time must come, sooner or later, for the producer-retailers seriously to consider their position. It would appear that their obvious step is to combine and form their own pasteurising concerns. A farmer's co-operative

organisation, with its own pasteurising plant, is an economic possibility. It could compete on level terms, in every way, with the existing pasteurising firms, and, by reducing distributing costs, would, in the long run, leave the producer-retailer with as much profit as he makes to-day on his private round. A Government keenly interested in a long-term safe milk policy might profitably assist the formation of such enterprises and, meanwhile, the producer-retailers, instead of carrying their local milk wars into the House of Commons, could well spend their energy in persuading the Government to take such a step.

The following table shows the number of births belonging to the Borough which have taken place in the various institutions during the last ten years, together with a list of births taking place in the homes:—

HOMES.

INSTITUTIONS

Year	Number of live births in the homes	Percentage of total live births	Moorlands	Rough Lee	Victoria Hospital	Institutions outside Borough	Total	Percentage of total live births
1937	194	48%	47	136	5	20	208	52%
1936	245	53%	47	154	7	11	219	47%
1935	260	56%	39	150	3	8	200	44%
1934	240	54%	37	155	10	3	205	46%
1933	234	59%	36	117	6	8	167	41%
1932	268	65%	50	86	5	4	145	35%
1931	307	67%	48	95	4	9	156	33%
1930	388	72%	50	99	4	5	158	28%
1929	375	68%	70	98	5	4	177	32%
1928	396	73%	55	88	1	4	148	27%

INFANTILE MORTALITY—CAUSES OF 23 INFANT DEATHS.

	TOTALS	Ancephalic Monster	Atelectasis	Bronchitis	Congenital Heart Disease	Convulsions	Marasmus	Peritonitis	Pneumonia	Prematurity
January	4	—	—	1	2	—	—	—	—	1
February	3	—	—	—	—	—	—	—	1	—
March	9	1	—	—	1	2	—	1	1	2
April	1	—	—	—	—	—	—	—	—	—
May	—	—	—	—	—	—	—	—	—	—
June	—	—	—	—	—	—	—	—	—	—
July	2	—	1	—	—	—	—	—	—	—
August	1	—	—	—	—	—	—	—	—	—
September	1	—	—	—	—	—	—	—	—	—
October	—	—	—	—	—	—	—	—	—	—
November	1	—	—	—	—	—	1	—	—	—
December	1	—	—	—	—	—	—	—	—	1
Totals	23	1	1	1	3	2	3	1	2	9

AGES AT DEATH.

WEEKS					MONTHS										Total under one year	
Under one week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under one month	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11		11 to 12
12	2	2	1	17	1	1	1	—	—	—	1	1	—	1	—	23

Section VII.

Report of Sanitary Inspector.

Public Health and Cleansing Department,
 Town Hall,
 Accrington.

**To the Mayor and Members of the
 Corporation of Accrington.**

Lady and Gentlemen,

I have the honour to submit for your consideration my ELEVENTH Annual Report on the work of Sanitary Inspection and Public Cleansing, the former for the Calendar Year 1937, and the latter for the financial year which ended on 31st March, 1938.

The passing away of Mr. J. R. Woodcock, Additional Sanitary Inspector to the Borough, came as a severe blow, even though one knew beforehand of the seriousness of a fairly lengthy illness. Having laboured in the local health services with Mr. Woodcock throughout a period of thirty years I possess abundant evidence of his sterling worth, both as friend and confrère. Mr. Woodcock's outstanding qualities were thoroughness, speed and efficient organization, coupled with a unique knowledge of local sanitary conditions, and he leaves behind throughout the Borough much evidence of his valuable work.

Comment on certain sanitary services has been made in the Medical Officer's portion of the Report, in which circumstances needless repetition here will be avoided as far as ever possible.

SLUM CLEARANCE.

The first five years programme has been completed, and the following table illustrates the position at the end of 1937.

No. of houses		Houses dealt		Totals.
		with in	Individual	
		Clearance Areas.	Unfit Houses.	
No. of houses demolished.....		56	2	58
„ „ „ made fit		—	21	21
„ „ „ closed, but not				
demolished		1	—	1
		—	—	—
		57	23	80
„ „ „ yet to be demolished				
(at end of 1937)		2	—	2
		—	—	—
		59	23	82
		==	==	==

It will be seen that 21 houses have been reconditioned, the remaining 61 either having been demolished, closed or intended for demolition; these 61 houses, of which 4 were untenanted, housed 195 persons, 183 of which were directly rehoused in Corporation houses, the remaining 12, residing in 6 houses, providing their own accommodation. Twenty-four 3 bedroom type houses on the Charter Street site, and twenty-six 3 bedroom type houses on the Laneside Estate, together with aged persons bungalows, provided the greater part of the accommodation erected for the dispossessed tenants. The ultimate destination of the 51 families rehoused by the Corporation is as follows:—

Charter Street	18
Laneside	26
Aged Persons Bungalows	4
Other Corporation houses	3
	—
	51
	==

Of the three cases where families were rehoused in Corporation houses, other than the three bedroom or bungalow type, one was a family of 10 who required a larger house than could be found in Corporation Estate Houses, whilst the two other families were rehoused on the Belfield Road Estate. The six houses remaining on the Charter Street site have been utilized in rehousing people from houses demolished under Corporation Improvement Schemes.

ERADICATION OF THE BED BUG.

Unfortunately it is still necessary to busy ourselves with houses found to be infested with bugs, and during 1937 four Council houses and 50 other houses were found to be so infested. The four Council houses and 37 other houses were treated by this department, methods employed including the use of a proprietary spray fluid, along with sulphur fumigation, care being exercised in sealing up rooms to guard against any loss of concentration. The belongings of tenants moving from Clearance Areas into Council houses are subject to more special treatment. The tenants themselves are given baths; bedding and underclothing is subjected to high pressure steam disinfection, whilst other clothing is treated with formalin vapour. Household goods are treated in vans by a specialist contractor using hydrogen cyanide gas.

OVERCROWDING.

Further steps have been taken in order to abate overcrowding. At the end of 1937 there remained only 32 known cases out of the 103 found during the overcrowding survey of 1936, a further 49 having been relieved during 1937. No new instances arose during the same period, and the following table illustrates the circumstances in which the 71 cases of overcrowding have been abated.

During Slum Clearance Operations	13
Death of tenant, leaving remainder of family uncrowded	3
Family having secured suitable accommodation.....	46
Removal to Corporation house, otherwise than by Slum Clearance	9

It will be seen that in 22 instances the Corporation has provided rehousing for overcrowded families. Awareness of overcrowding following the survey of 1936, coupled with the resultant propaganda and pressure by owners in many instances, has no doubt produced the necessary moral effect or urge for tenants themselves to find more commodious premises, this having occurred in 46 cases. It is hoped to further reduce the remaining 32 cases during 1938. In this connection there would appear to be no need for the erection of new Corporation houses, apart from dwellings for aged persons, as the vacation of four and five roomed houses by aged couples would liberate such houses for the use of overcrowded families.

Arising out of the experience gained since the Overcrowding Survey took place, one is forced to certain conclusions, amongst which are the following—that (1) overcrowding in Acerington was not caused by a shortage of houses, (2) the Corporation was well advised not to embark on a new building programme based on the number of overcrowded cases, (3) the moral effect of an overcrowding standard having been applied for the first time was, in itself, quite sufficient in many cases to effect a cure.

Since 1936 the "permitted number of persons" has been supplied to the owners of some 2,528 dwellings for the information to be inserted in rent books. The original survey carried out by the enumerators included the measuring of all overcrowded dwellings and border line cases, ensuring by such means that no case was missed. It was considered unnecessary to measure every house, but rather to do so in response to applications by the owners concerned. No difficulty has been experienced in furnishing particulars to owners within a day or so after receipt of the application, as it should be remembered that the greater portion of the properties concerned in Acerington are built in blocks of somewhat standard sizes. Seventeen informal notices have been served requiring the insertion of the requisite details in rent books, and in no case has resort to formal action been necessary.

BACK-TO-BACK HOUSES.

A survey has been carried out during the year of houses in the Borough where there is no through ventilation, and the results are shown below.

	Back-to-back type.	Single type.	Over entry type.	Totals.
Number of such houses prior to the Housing programme of 1933	222	172	12	406
Number of houses demolished under first Slum Clearance Scheme	20	29	2	51
Number of houses reconditioned and provided with through ventilation	11	17	—	28
Number as at 31, 12/37	191	126	10	327
Number of houses included in proposed second Slum Clearance Scheme	40	37	2	79
Number of houses which would remain after second Slum Clearance Scheme	151	89	8	248

In all probability these numbers will be gradually reduced during routine housing inspection work, but there is not at the present time any definite scheme afoot for the conversion to the through type of the back-to-back house as such.

LEGISLATION.

A most notable addition to the spate of post war legislation is the new Public Health Act of 1936, which became operative on the 1st October, 1937. The measure is largely consolidatory, and as yet there has been insufficient time in which to make comment on the workings of the new procedures. The "dustbin" clauses fall short of the powers possessed by Accrington since 1928, and the compulsory conversion of waste water conveniences outside Accrington, under the new Act, compels the payment by the Local Authority of one half the cost, instead of one third as in this Borough under Accrington's 1930 Order.

Another consolidating Act was the new Housing Act of 1936. Other new legislation included the Hydrogen Cyanide (Fumigation) Act, 1937. This Act gives the Secretary of State power to regulate fumigation with Cyanide (usually employed where bugs abound), requiring also notification to the Secretary of State of all accidents resulting from fumigation by such means. Also of interest was the publication by the Local Government Public Health Committee of their Third Interim Report on the new Food and Drugs Bill. This Bill aims at consolidating the law relating to Food and Drugs. Of particular interest are clauses relative to bye-laws controlling the handling, wrapping and delivery of food, and the sale of food in the open air; registration of premises used in connection with the manufacture or sale of ice cream and preserved foods, and the power to require provision where food is prepared or stored of a satisfactory water supply and washing sinks, together with hot water, soap and towels. One would like to see along with this future Act the compulsory adoption of Memorandum 62/Foods, as a standard of Meat Inspection.

SUMMARY OF PREMISES INSPECTED AND RE-INSPECTED.

Visits in connection with Dwelling-houses.	1937
Waste Water Closet Conversions	878
Defective, Blocked, and re-laid Drains	121
Defective Eaves Gutters, etc.	13
Offensive Smells	74
Accumulations of Offensive Matters	14
Dampness in Houses	22
Pail Conversions	67
Water in Cellars	53
Dirty and Verminous Houses	186
Visits and Re-visits under Housing Act and Public Health Acts relative to Housing Conditions	1183
Refuse Accommodation	207
Burst Water Pipes	12
Rats and Mice Destruction	370
Infectious Diseases	811
Miscellaneous Nuisances	549
Slum Clearance Proposals	199
Visits to other Premises, etc.:	
Visits to Slaughter-houses and Food Premises, including Markets	1340
Visits in connection with Smoke Nuisance	7
Visits in connection with the administration of Food and Drugs Act	100
Visits to Factories and Workshops	1405
,, .. Common Lodging Houses	184
,, .. Farms and Dairies	158
,, .. Elementary Schools	64
,, .. Public Urinals	289
,, .. Petroleum Storages	115
Visits: Swine Fever and Foot and Mouth Disease	8
Total	8,429

NOTE.—The above figures do not include visits paid in connection with Movement Licences, etc., issued by the Department under the Contagious Diseases of Animals Acts and Orders.

**Sanitary and Housing Defects Discovered and Action
taken under the Public Health Acts.**

	1937
Defective roofs	4
Defective fireplaces	3
Defective gully-traps	103
Defective drains	4
Defective slopstones	10
Refuse storage insufficiency, foul or defective receptacles	185
Eaves gutters defective	7
Rain-water fall pipes defective or blocked	57
Water supply defective	5
Defective wall plaster	16
Damp walls	10
Offensive smells	25
Defective chimneys	3
Defective waste pipes	108
Defective flushing cisterns	8
Dirty houses	6
Accumulations of offensive matter	9
Sewers blocked	5
Waste water closets blocked	6
Rats in houses	66
Defective dishstones and channel dishes	131
Defective W.C. doors	78
Defective flagging	66
Defective door studs	53
Doors without latches	82
W.C. walls in defective condition	43
„ roofs „ „	58
Insufficient sanitary accommodation	10
Miscellaneous defects	66
Total	1,231

In addition, 1,193 further slight defects to sanitary accommodation, etc., were dealt with during the year.

Notices Served.

Form of Notice	1937.
Intimation (Preliminary)	317
Statutory	229
	546

Housing Acts, Defective Conditions Remedied.

Windows :—

Cords	94
Without fasteners	58
Glazing	30
Casements	93
Frames	185
Lintels, Sills and Jambs	174
Parting Beading	83

Fircranges :—

Fire backs	46
Side boilers	46
Fire grates	91
Oven flues	23
Ovens	29
Jambs	33
Chimney stacks	61
Coalplace and W.C. structures	73
Wash boilers	30
F.W.C. cisterns, pedestals, etc.	11
Channel dishes and dishtones	35
Sinks	86
Waste pipes	39
Party yard walls	31
Yard flags	108
Water service	3
Pointing	155
Dampness	123
Eaves gutters	86
Rain-water pipes	58

Raining in	114
Ceiling plaster	315
Wall plaster	328
Doors and Door Casings	270
Floors:—	
Flagged	172
Boarded	104
Door Steps	33
Cellar Steps	5
Staircase treads, risers, etc.	41
Insufficient light	35
Roofs	131
Insufficient ventilation	61
Balustrades and Handrails	121
Thresholds	48
Skirting Boards	19
Miscellaneous	5

Total defects remedied ... 3,695

SANITARY ACCOMMODATION.

The number of pails and waste water closets have been further reduced during the year, 16 of the former and 329 of the latter having been converted to the fresh water flushed type.

The various types now in use in the Borough (including Huncoat) are as follow:— Fresh water, 5,772; waste water, 7,265; pails, 108.

Pail conversions are carried out under the Accrington Corporation Act, 1905, the Council contributing approximately one-half the cost of such conversions. Waste Water Closet conversions are carried out under the Accrington Corporation Act, 1905, as amended by the Ministry of Health Provisional Orders Confirmation (Accrington) Act, 1930.

Investigation has taken place during 1937 as to the practicability or otherwise of converting to the water carriage

system the whole of the remaining pail conveniences in the Borough, and the result is summarized below.

Number of pails which can be converted	17
Number of pails where it would appear that no sewer is available	74
Number of pails in houses due for demolition	2
Number of pails in potential Slum properties	15
	Total 108

The question of the availability of sewers is being pursued further with the Borough Engineer in the current year, whilst it is intended to serve notice under the Accrington Corporation Act, 1905, upon the owners of the 17 conversions mentioned above.

INFECTIOUS DISEASES AND DISINFECTION.

The work of visiting cases of infectious disease, and the carry-out of disinfection of infected articles and premises, are in the hands of the caretaker of the Smallpox Hospital

811 visits were paid.

	Disinfections.	1937.
Houses		157
Schools		1
		158
Library books		85
Beds		220
Pillows		330
Bolsters		164
Eiderdowns		93
Blankets		321
Quilts		198
Covers		9
Mattresses		4
Articles of Clothing		701
Cushions		15
Miscellaneous articles		26
Sheets		272
		2438

STORAGE OF PETROLEUM AND CARBIDE.

115 visits have been paid to premises where petroleum and carbide are stored.

Licences have been issued as follow:—

To store Petroleum	71
To store Carbide	9

DAIRIES AND COWSHEDS.

The number of cowkeepers in the Borough is 57, there being 83 cowsheds with accommodation for approximately 900 animals.

During the year under review further improvements to premises were effected.

Graded Milk.

39 licences were issued during the year under the Milk (Special Designations) Order, 1936, this total being comprised as follows:—

One licence to sell "Tuberculin Tested" Milk.

Three supplementary licences to sell "Accredited" Milk.

One licence to pasteurise milk.

Thirty-four licences to sell "Pasteurised" Milk.

DISEASES OF ANIMALS ACTS AND ORDERS.

89 licences have been issued during the year in connection with the Movement of Animals under Foot and Mouth Disease (Infected Areas Restrictions) Orders; the Animals (Landing from Ireland, Channel Islands and Isle of Man) Order of 1923, the Importation of Animals Act, 1922, and the Swine Fever Regulations, 1922.

FOOD AND DRUGS (ADULTERATION) ACT, 1928, Etc.

The following is a list of samples submitted for analysis in accordance with the above legislation:—

Milk	41
Salmon Paste	3
Sage and Onion Stuffing	1
Barley	1
Cod Liver Oil	1
Cheese	3
Cherry Jam	1
Olive Oil	1
Tea	1
Sausage	7
Baking Powder	1
Cocoanut	1
Cream Cakes	1
Butter	4
Cream	1
Raspberry Jam	1
Strawberry Jam	1
Lard	2
Baking Powder	1
Dripping	1
Seidlitz Powder	1
Potted Meat	2
Glauber Salts	1
Rice	1
Rice Flour	1
Pickles	2
Coffee	4
Turkey and Tongue Paste	1
Blackcurrant Jam	1
Cream of Tartar	1
Ground Almonds	2
Beef Paste	1

There were contraventions of recognised food standards in four of the 92 samples submitted. Informal action was taken in each case and further samples from the offenders proved quite satisfactory.

MEAT INSPECTION.

The efficiency of meat and food inspection as a local service has been increased during the year by Mr. Clifford Cunliffe having qualified as an inspector by examination.

The numbers of food animals slaughtered at the public and private slaughterhouses in the Borough, together with the amount of meat condemned are set out below.

CARCASES INSPECTED AND CONDEMNED.

	Cattle. (excluding Cows. Calves. Sheep & Pigs. Cows). Lambs.				
Numbers killed	2,864	1,223	461	39,784	1,705
All Diseases except Tuberculosis :—					
Whole carcasses condemned	2	4	2	21	7
Carcases of which some part or organ was condemned	6	11	1	2	10
Percentage of the number inspected affected with disease other than Tuber- culosis	.28	1.22	.65	.57	.99

Tuberculosis only :—

Whole carcases condemned	3	25	—	—	2
Carcases of which some part or organ was condemned	21	32	—	—	3
Percentage of the number inspected affected with Tuber- culosis	.87	4.66	—	—	.29

The total weight of meat and offal condemned for Tuberculosis was 8 tons, 3 cwts., 3 qrs., and for diseases other than Tuberculosis 2 tons, 17 cwts., 3 qrs., a total of 11 tons, 1 cwt., 2 qrs., compared with 7 tons, 2 cwts., 2 qrs., last year. The greater tendency to generalized Tuberculosis in cows will be apparent from the figures given, and as stated in a former report, one would like to see the Accrington housewife demanding the flesh of young animals only, i.e. that of heifers and bullocks. In no instance has it been necessary to resort to the formal seizure of diseased meat, all being surrendered voluntarily. In addition to the foregoing, 6 lbs. of ox tongue and 24 rabbits were given up for destruction as being unfit for human consumption. The total number of visits paid to slaughterhouses and food premises, including markets, was 1,340.

**TABLE SHOWING REASON FOR CONDEMNATION OF
WHOLE CARCASSES AND ORGANS.**

	Generalised Tuberculosis.	Immaturity.	Pyæmia.	Emaciation.	Septic Pneumonia.	Septic Metritis.	Moribundity.	Oedema.	Jaundice.	Swine erysipelas.	Rickets with Malnutrition.	Fever.	Total.
Cattle other than Cows	3		1		1								5
Cows	25		1	1	1	1							29
Calves		2											2
Sheep				2			19						21
Lambs													
Pigs	2							3	1	1	1	1	9
	30	2	2	3	2	1	19	3	1	1	1	1	66

FACTORY AND WORKSHOPS ACT, 1901.

1405 visits have been paid in connection with the conduct of
Factories, Workshops and Workplaces, etc.

In twelve instances it has been necessary to call the attention
of occupiers or owners to sanitary defects or nuisances, in every
instance the remedy being applied without resorting to formal
action.

The following report has been submitted to the Chief Inspector of Factories:—

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—Inspection of Factories, Workshops and Workplaces.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers prosecuted. (4)
Factories	38	2	...
(Including Factory Laundries)			
Workshops	776	3	...
(Including Workshop Laundries)			
Workplaces	591	7	...
(Other than Outw'rk'rs' premises)			
Total.....	1405	12	...

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects			Number of offences in respect to which Prosecutions were instituted (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:				
Want of cleanliness	...	...	...	...
Want of ventilation	...	...	...	...
Overcrowding	...	...	...	...
Want of drainage of floors	...	...	...	...
Other nuisances	10	10	...	...
Sanitary accommodation { insufficient unsuitable or defective not separate for sexes	2	2	...	...
Offences under the Factory and Workshop Acts:—				
Illegal occupation of underground bakehouse (s.101)	...	...	...	...
Other offences	...	...	...	...
(Excluding offences relating to out-work and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).				
Total.....	12	12	...	...

CLEANSING SERVICES.

**Collection and Disposal of Household Refuse;
Street Cleansing; Gulley Cleansing;
Snow Removal, etc.**

The outstanding event of the year in this section of the department was the formal opening of the converted stables in Moreton Street, by His Worship the Mayor, Councillor E. Moorhouse, on Thursday, 9th November, 1937.

Several governing factors had contributed reasons for centralizing, as far as possible, cleansing services in our particular local conditions, where we have an estimated population of 39,860 and an area of 4,418 acres. It will be seen, therefore, that there is little or no argument favouring scattered depôts, quite the reverse in fact.

Since the Health and Cleansing Committee took over the management of the Stables Department in 1931, the policy of most Corporation Committees had been to displace horse haulage in favour of mechanisation; in the year mentioned there were thirty-one horses at the Moreton Street stables and now there are only eight, the empty stalls thus inviting reorganization.

Other reasons favouring the scheme included the following, e.g. :—

1. Desirability of centralizing all cleansing services, excepting of course refuse disposal, which latter is carried on at a modern works in Argyle Street.
2. Diminishing use of the "tank yard" in Hyndburn Road, a depôt used for over forty years in connection with the old conservancy (pail) system of sanitary convenience, and the opportunity of disposing of this depôt to Messrs. Entwisle and Kenyon, Ltd., in order to enable them to carry out works extensions and thus increase employment locally.

3. The steam jacketed disinfecting apparatus at the tank yard, which for over thirty years had been operated by direct firing, was of obsolete design and questionable efficiency.
4. Messroom arrangements and facilities for drying wet clothing, etc., were most primitive, coupled with the fact that such arrangements were carried on at three different points, i.e., in one of the cellars at the Town Hall; at the tank yard; and in the old forage room situate in the yard at the Central Dépôt opposite the new messroom.

Prior to the new scheme the department's petrol vehicles were accommodated in open sheds with earth for flooring, salt for use in winter being similarly housed. The approaches to garages, high level salt store and cart sheds are now properly surfaced. Also the drying of employees' clothing and of cart sheets, etc., under proper conditions of heating, will no doubt lead to increased efficiency and longer life of clothing and other protective materials, such clothing being provided by the department.

The steam disinfector which, as already mentioned, was formerly operated by direct coal-firing, is now supplied with steam from the boiler belonging to the Public Abattoirs, which adjoins the Central Dépôt, a change which, as anticipated, has already produced satisfactory and economical results.

The new dinner warmer and rapid clothes drying arrangements are also supplied with steam from the same boiler. As the boiler mentioned seldom registers less than 10lbs. of steam, and as the two sets of apparatus mentioned do not require more than this pressure, it will be seen to be a move in the direction of economical running. It should be mentioned that the old steam disinfecting apparatus referred to has been reconditioned and brought thoroughly up-to-date by the fitting of modern arrangements for supplying hot air and vacuum, in which connection both the Abattoirs boiler and the finished plant for disinfection have passed quite satisfactorily all tests for the purpose of insurance, etc.

The old loft over the converted premises has been provided with a staircase at each end of the building and is now being utilised as store rooms, and for the baling of waste paper, etc., for which latter there is at the moment a ready sale. Eventually the loft will be put to more extended uses.

A new office of substantial construction and modern design replaces a dark and depressing room, a change which has been long overdue. Adjoining the new office is the residence of the senior foreman, a circumstance assuring a ready and constant touch for purposes of supervision and instruction, etc.

The converted Dépôt has been declared by authoritative opinion to be eminently suitable as a dépôt in connection with Air Raid Precautions work, and organization of decontamination services on recommended lines is taking place in the current year.

TABLE I.

TONNAGE, RECEPTACLES, AND PREMISES COMPARISONS.

	1934	1935	1936	1937
Tonnage (Domestic Refuse)	7,655	7,776	7,741	7 233
Bin Emptyings	647,110	634,825	663,241	654 109
No. of premises collected from	13 087	13 177	13,324	13,454

TABLE II.
REFUSE COLLECTION—DISTRICT EFFICIENCY.

	District:			
	Spring Hill and West	Peel Park and Baxenden	North	Centre
Total emptyings	216,131	183,490	137,972	116,516
Total tonnage	2445.99	1883.10	1494.65	1406.08
Bins per man per hour	22	18	18	16
Weight per man per hour.... (excluding weight of bin)	lbs. 545	lbs. 423	lbs. 445	lbs. 440
Weight per bin	25	23	24	27
No. of bins for District.....	4,466	3,667	2,692	2,324
Frequency of emptyings	48	50	51	50
Total mileage travelled by vehicle	4462.6	4335.6	1826.6	1639.2

TABLE III.
QUANTITATIVE (SEASONAL) REFUSE ANALYSES:
ACCRINGTON.

Analysis.	Summer.		Winter.	
	Weight	%	Weight	%
	lbs.		lbs.	
Weight of one cubic yard	487	100.00	570	100 00
Fine dust minus 5/16"	170	34.9	235	41.2
Fuel cinder over 5/16" but minus 3/4"	80	16.4	114	20.0
Fuel cinder over 3/4"	36	7.4	44	7.7
Organic matter	41	8.4	24	4.2
Paper	73	15.0	52	9.1
Metal	19	3.9	20	3.5
Rags	10	2.1	8	1.4
Glass	13	2.7	20	3.5
Bone	2	0.4	2	0.4
Unclassified Combustible	14	2.9	21	3.7
Unclassified Incombustible	29	5.9	30	5.3

Note.—The standard bin in use has a capacity of 3.157 cubic feet. Therefore on the above refuse density a full bin in summer would hold 57lbs., and in winter 67lbs. Actually the average weight per bin in summer was 22lbs., and in winter 28lbs., so that, on the average, the bins have never been more than half full.

TABLE IV.

COLLECTION OF REFUSE: EXPENDITURE.

	1934-35	1935-36	1936-37	1937-38
	£	£	£	£
Gross Expenditure	4974	4841	4797	5185
Gross Income	424	479	491	389
	—	—	—	—
Net Cost	4550	4362	4306	4796
	==	==	==	==
	s. d.	s. d.	s. d.	s. d.
Net Cost per ton	8 8.5	8 5.5	8 4.5	9 11.1
„ „ 1,000 population....	£110	£106	£106	£120
„ „ 1,000 premises.....	£347	£331	£323	£357

During 1937 there have been added a further 171 new houses, and the majority are of a type necessitating longer carries. By reference to Table IV it will be seen that receipts have fallen by £100 as compared with the previous year, and that the gross expenditure has increased by £388. The increase in expenditure is not unexpected as it was forecast in my last Annual Report. As already mentioned the continued building of the modern type dwellinghouse with, usually, increased distances over which the dustbins have to be carried, is bound to increase the cost and at the same time slow down the speed of the refuse collection service. The granting of higher rates of pay amounting in the aggregate to over £200 per annum, to dustmen and drivers, also accounts for a substantial portion of the increased cost of the Collection Service. Another additional increasing factor has been the rising cost of materials in recent years.

TABLE V.

DISPOSAL OF REFUSE: EXPENDITURE.

	1934-35	1935-36	1936-37	1937-38
	£	£	£	£
Gross Expenditure	7073	6606	6375	6323
Gross Income	3686	3790	3546	4207
Net Cost	<u>3387</u>	<u>2816</u>	<u>2829</u>	<u>2116</u>
	s. d.	s. d.	s. d.	s. d.
Net Cost per ton	6 5 8	5 5 5	5 6 0	4 4 6
Depreciation or loan charges				
per ton	<u>3 6 7</u>	<u>3 6 0</u>	<u>3 5 2</u>	<u>3 6 9</u>
Net Cost of working plant, per ton of refuse, exclud- ing depreciation or loan charges	2 11 1	1 11 5	2 0 8	0 9 7
Net Cost per 1,000 population	£82	£69	£70	£53
Net Cost per 1,000 premises	£259	£214	£212	£157

NOTE.—Charges for superannuation and holidays with pay are included in all cases.

TABLE VI.

Year	Weight of Refuse delivered to Works	Weight of "Screenings" separated	to whole	Weight of Flue Dust taken to Tips	Total Wages paid for Separation and Incineration	Cost of Carting "Screenings" Flue Dust and Clinker to Tips
	(Tons)	(Tons)	(%)	(Tons)	(£)	(£)
1934-5	9,069	2,279	25.1	116	1,593	250
1935-6	8,916	3,091	34.8	51	1,337	258
1936-7	8,874	2,985	33.7	72	1,217	238
1937-8	8,382	3,036	36.2	58	1,202	302

The results so far as Refuse Disposal is concerned are most gratifying. From Table V it will be seen that the gross annual expenditure has remained almost constant throughout the past few years. During the last 12 months, however, income has increased by £661, the nett cost being down by £713. Mortar sales have increased by £320, and waste paper by £260, whilst the increased income from scrap metals has counterbalanced the drop in the sales of rags. Increases in rates of pay to employees at the Disposal Works have amounted to £65. Contemporary friends will, one feels sure, be interested to note that the nett cost of working the disposal plant, which between 1917 and 1924 cost £30,000 to erect and equip, was 4s. 4.6d. per ton, including depreciation or loan charges, a drop of 2s. 1d. per ton in four years, or an actual reduction of £1,271 per annum compared with the year 1934-35. The density and average weight per bin have decreased slightly, although the refuse itself has varied very little.

SALES.

YEAR ENDED 31st MARCH, 1938.

	£	s.	d.
Waste Paper	318	18	4
Scrap Metal	202	11	0
Sundries	15	0	3
Rags	18	9	2
Mortar	2300	15	7
	2855	14	4
Calorific Power	800	0	0
	*3655	14	4

*This figure is considerably less than the totals of gross income in the tables which follow, as certain amounts for inter-departmental charges, and transfers for destroying refuse and use of vehicles are here omitted.

Table showing Costs for the Year ended 31st March, 1938.

Item.	Particulars.	I. COLLECTION.			II.—DISPOSAL.			TOTAL	
		Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.	(4)	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.	(6)	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Revenue Account.									
A.	Gross expenditure	5,185	5,164	6,323	4,598	11,508	9,762		
B.	Gross income	389	389	4,207	4,207	4,596	4,596		
C.	Net cost	4,796	4,775	2,116	391	6,912	5,166		
Unit Costs.									
D.	Gross expenditure per ton	10	8.3	13	9	23	20	s.	d.
E.	Gross income per ton	97	9.7	8	8	9	9	s.	d.
F.	Net cost, per ton	9	10.6	4	9	14	11	s.	d.
G.	Net cost, per 1,000 population	120	120	53	10	173	130		
H.	Net cost per 1,000 houses or premises from which refuse is collected	357	355	157	29	514	384		
Rate Pounding									
J.	Net cost: equivalent rate in the £	5.12	5.10	2.26	.42	7.38	5.52		
K.	Percentage of J. to total rates in the £	3.35%	3.33%	1.5%	.003%	4.85%	3.33%		
Method of Collection—									
1.	Total refuse collected (in tons)							1936-37	1937-38
2.	Population							10,280	9,660
3.	Weight (in cwt.) per 1,000 population per day (365 days to year).							40,420	39,860
4.	Number of houses and premises							13.9	13.3
5.	Method of Collection—							13,324	13,454
	Horse-drawn vehicles							51.68%	50.24%
	Mechanically-propelled vehicles							48.32%	49.76%
6.	Product of a penny rate							£959	£937
7.	Method of disposal—							86.3%	86.8%
	Salvage, Incineration and Utilisation							13.7%	13.2%
	Tipping							approx. ¼ mile	approx. ¼ mile
8.	Average length of haul to disposal point							approx. ¼ mile	approx. ¼ mile

BOROUGH OF ACCRINGTON. **CLEANSING SERVICE.**

Street Cleansing.

Table showing Costs for the Year ended 31st March, 1938.

		III.—STREET CLEANSING.					
Item.	Particulars.	Street Sweeping and Watering.		Gully Cleansing.		Snow Removal.	
(1)	(2)	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Revenue Account.							
A.	Gross expenditure	£ 3,776	£ 3,776	£ 635	£ 635	£ 592	£ 592
B.	Gross income	359	359	125	125		
C.	Net cost	3,417	3,417	510	510	592	592
Unit Costs.							
D.	Net cost, per 10,000 square yards cleansed	s. d. 18 5.6	s. d. 18 5.6				
E.	Net cost, per 1,000 gullies cleansed	—	—	£ s. d. 15 18 2	£ s. d. 15 18 2	£ s. d. 14 17 0	£ s. d. 14 17 0
F.	Net cost, per 1,000 of population	£ 86	£ 86	12 15 10	12 15 10	d. 63	d. 63
G.	Net cost; equivalent rate in the £	d. 3.65	d. 3.65	.54	.54		

1936-37. 1937-38.

1.	Square yards of street cleansed, exclusive of footpaths	36,984,775 (approx.)	36,984,775 (approx.)
2.	Total number of gullies cleansed (i.e., actual emptyings)	29,440	32,064
3.	Rateable value	243,799	247,077
4.	Product of a penny rate	£ 959	£ 937
5.	Total rates in the £	£ 0 12 3	£ 0 12 9
6.	Total mileage of roads, including New Housing Estates	63.48	63.48
7.	Population	40,420	39,860
8.	Approximate mileage of Streets cleansed—		
(a)	Daily	2 12	2 12
(b)	Three times weekly	5.33	5.33
(c)	Once weekly	56.01	56.01
		63.46	63.46

STREET CLEANSING, SNOW REMOVAL AND FROST PRECAUTIONS, Etc.

The efficiency of street cleansing has been further improved by an extension of the beat system, and a slight reduction in the gang system of sweeping. The system whereby each employee is allotted a beat or length of road surface to tend has proved even more efficient than mechanical methods. The cost of street cleansing has increased slightly during the year, but the increase can be accounted for by the payment of increased rates of pay to employees, as a sum of £55 was expended in this way during 1937-38. The following figures give the nett cost of street cleansing for the past four years:—

1934-35.	1935-36.	1936-37.	1937-38.
£	£	£	£
3,328	3,288	3,367	3,417*

*includes £55 due to increases in rates of pay.

The removal of snow, and the spreading of salt and grit during wintry weather conditions accounted for the spending of £592 during last winter. The greater part of such expenditure was due to one spell of severe frost and a fairly heavy fall of snow. Practically every street and road in the Borough were icebound for several days, and much difficulty was experienced in keeping even the main bus routes open. Some idea of the severity of this spell of weather may be imagined from the fact that £288 was expended on salt alone. Accrington has been a large user of salt for such purposes for thirty years, and one is grateful that the present-day Health and Cleansing Committee still approves its use. I tremble to think of Accrington littered up with sand, clinkers or ashes, and yet not safe for traffic at that. The Borough Engineer has never put the slightest obstacle in the way of the use of salt on almost any class of road surface. He apparently is satisfied to put down a good job at the right time of the year, and so defy salt or anything else for that matter to undo the good work.

It should not be forgotten that the cost of the liberal application of salt immediately snow commences to fall is saved many times over in the form of bus fares and freedom from major accidents. In last Winter's conditions it became necessary to employ fifty casual labourers on snow removal for about three days. These men were supplied at very short notice by the Manager of the Accrington Employment Exchange, with whom a previous arrangement had been entered into—an arrangement which worked to the great advantage of the department.

In the third year of its use the Dennis Mechanical gully emptier has rendered the usual valuable and efficient service. The same machine also does duty for the neighbouring Councils of Oswaldtwistle and Church, for each of whom gully cleansing was undertaken on three occasions during the year.

In conclusion a few words of thanks. First to the Chairman, Vice-Chairman and members of the Health and Cleansing Committee for affording one all the encouragement and support needed to make work a pleasure.

Then, to the Town Clerk and colleague officials for the usual co-operation and assistance throughout the year. To my staff, including Foreman Bergan, for loyal and efficient assistance, not forgetting Mr. Clifford Cunliffe, who in a year which produced a depleted staff through Mr. Woodcock's illness and death, proved himself to be capable of all that was expected of him.

I am,

Yours faithfully,

Lady and Gentlemen,

Yours obediently,

JOHN A. HINDLE,

Chief Sanitary Inspector and
Cleansing Superintendent.

School Medical Service.

ELEMENTARY EDUCATION SUB-COMMITTEE.

THE MAYOR, Ex-officio.

Chairman: COUNCILLOR HINDLE (Miss).

Mr. ALDERMAN ELLIS.

„ „ RAWSON.

„ „ TETLOW.

„ „ WADDINGTON.

„ „ WILKINSON (A).

„ COUNCILLOR ARNETT.

„ „ CAMPBELL.

„ „ O'CONNOR.

„ „ PILKINGTON.

„ „ PRIESTLEY.

„ „ SMITH.

Miss CRANKSHAW. Mr. F. HAYES. Mr. J. HEATON.

Mrs. LIVESEY. Rev. Father McAVOY. Mr. C. D. PIERCE.

DIRECTOR OF EDUCATION - - W. J. HOWELL, M.A.

I. Staff.**SCHOOL MEDICAL OFFICER :**

JOHN D. KERSHAW,
M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

SCHOOL NURSES :

MISS C. GREENHALGH.	(a.) (b.)
MISS M. H. McPHERSON.	(a.) (b.)
MISS R. J. TANNER.	(a.) (b.) (c.)
(Resigned July, 1937).	
MISS E. RIMMER.	(a.) (b.) (c.)
(Resigned September, 1937).	
MRS. R. FRYER.	(a.) (b.) (c.)
(Temporary appointment, October, 1937).	

SECRETARY TO SCHOOL MEDICAL OFFICER :

MISS E. BILSBORROW.

CLERKS :

MISS B. RILEY.	(Part-time).
MISS M. WHALLEY.	(Part-time).

OPHTHALMIC AND AURAL SURGEON :

DR. J. S. GEDDIE.	(Part-time)
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ANÆSTHETIST TO DENTAL CLINIC : (Part-time)

DR. A. H. HOLMES.	(Resigned November, 1937).
DR. R. S. RITSON.	(Appointed November, 1937).

SCHOOL DENTIST :

MR. F. LOMAX, L.D.S.

DENTAL ATTENDANT :

MISS A. BRADSHAW.

(a.) Trained nurse.	(b.) S.C.M. certificate.
(c.) Health Visitor's certificate.	

2. Co-ordination.

The reorganisation scheme of the Education Committee envisages the institution of Nursery Classes on a generous scale and thus offers an admirable opportunity for the closer linking of the child welfare service with the school medical service by materially reducing the age gap between the infant and the school-child. 'Toddlers' clinics are to be started in 1938, so that the next two years may well see a smooth interlocking of the services in a continuous scheme of supervision.

It must always be remembered that the School Medical Service has to build on the foundations laid, in each individual child, by the Child Welfare Services and that the two cannot in any sense be regarded as separate, in spite of the artificial dislocation produced by the different financial provisions made for them. The executive side of the work does allow of reasonably close interlocking, but the administrative divorce is inevitably productive of anomalies.

It is somewhat unreasonable, for instance, that the members of the Maternity and Child Welfare Committee should have nothing whatever to do with the Nursery School unless they also happen to be members of the Education Committee. It is equally, or more unreasonable, that a child attending the Nursery School should have a facilitated milk supply and other amenities which are denied to a child of similar age who is prevented by circumstances from being enrolled in that school, but so long as the School Medical Service enjoys a 50% financial grant while the Child Welfare Service is on the present block grant basis these anomalies will continue.

3. The School Medical Service in relation to Public Elementary Schools.

School Hygiene.

Progress in the substitution of fresh water closets for trough closets has been, unfortunately, theoretical rather than practical. In spite of the fact that it is now two years since I first drew

the attention of the Committee to this matter and in spite of the general agreement with my condemnation of those disgusting sanitary inconveniences the managers of the schools in question have not yet brought themselves to the point of making the necessary change, though in one school certain preliminary steps have been taken, while in another the intrinsic nuisance of the troughs was so aggravated by the decrepitude of the outlet as to cause complaints from the inhabitants of neighbouring houses, so that drastic and urgent action has been rendered necessary during 1938.

There would appear to be no reason now why the Health Committee should not make a grant similar to that which it makes on domestic closet conversions, if the new conveniences are separately flushed and satisfactory in all respects, and it is to be hoped that the exercise of this power during the next few months will have the desired effect.

4. Medical Inspection.

1937 has repeated the melancholy tale of 1936 in so far as the adequacy of arrangements is concerned, but it is pleasant to be able to say that the future shows promise of a vast improvement in this respect. The decision of the Borough Council to appoint a full-time Assistant Medical Officer in 1938 means that the scope of the services can be greatly increased and the end of that year should find arrears liquidated and a really complete service in being.

The attendance of parents at medical inspection (88.2%) has equalled expectations, one very gratifying feature being the increase in the number of fathers attending as well as, or in place of, mothers. The traditional tendency of the working-class man to regard the children as exclusively his wife's business, has always been unfortunate in that it tends to upset the ideal balance of the family and to exercise an adverse influence on the psychological development of the children, and the awakening of the father's interest is a highly desirable thing.

One important result of this increase in parental keenness is that behaviour problems can be discussed at the time of inspection. The "nervous" child is a more difficult problem, in many ways, than the child with a physical disability, but it cannot be dealt with except with the parent's co-operation. It has proved possible, in a surprising number of cases, to discuss with parents at inspection difficulties of this type and to throw light on the causes of the trouble with, in many cases, gratifying results. As inspection develops, the psychological side must inevitably increase, since the vast majority of school-children are physically normal but, in a considerable number of cases, have certain bad habits which must later exercise an adverse effect upon their physical characteristics. These habits, varying from an apparently trivial laziness in posture to what may seem to be a grave moral defect, are at least as important as chronic bronchitis or flat feet and their detection, discussion and elimination are an essential part of the function of School Medical Inspection.

Co-operation on the part of the teachers continues to be valuable, and has shown a definite increase in keenness.

Findings at Medical Inspection..

Of the 724 children who underwent routine medical inspection there were, excluding nutritional defects, uncleanness and dental disease, 105 requiring treatment for various defects. This represents a percentage of 14.5, as against 11.6 in 1936. The increase is largely to be accounted for by the fact that in 1937 relatively more children in the entrant group were examined, for in this group there is, naturally a greater incidence of defects.

A. Malnutrition.

The actual number of children suffering from this defect is 84, or 11.6% of those who underwent routine inspection. The apparent increase has resulted from the adoption of the standard suggested in my last report (i.e. that a child is to be regarded as malnourished if it is suffering from defect which could obviously be remedied by an improved diet). The total for the year may

be regarded as a reasonably adequate representation of the facts, though the smallness of the numbers inspected probably renders it somewhat inaccurate.

In view of the doubts which I have previously expressed regarding the lack of distinction between 'excellent' and 'normal' as states of nutrition I have made no effort to draw any distinction between them but have placed them all in category B. The correct interpretation of the table is that a single dividing line has, in practice, been drawn between satisfactory nutrition and obviously unsatisfactory nutrition, and the separate classification of a single child in group D, as grossly malnourished is not of any statistical importance.

Actually, this broad separation into two groups is, in my opinion, all that any School Medical Officer can be expected to do with the very imperfect criteria at his disposal. Statistically, nutrition classifications are valueless as at present collected, since the wide variations of standards renders it futile to attempt to compare one area with another. The important aspect of the question is precisely that of every other defect considered at school medical inspection, the decision as to whether the child suffers from a defect which requires treatment, or not, and separation into two categories will serve this purpose as well as separation into four or more.

The investigation carried out last year into the relation of height and weight to nutritional state was pursued further during 1937, the same discouraging result being reached as in the early stages. There is, unfortunately, no reason to believe that weight-deficiency, for a given height, indicates malnutrition and though it is possible that combined deficiency of weight and height may do so, the limits of normality are so wide that it is difficult to detect definitely any deficiency which is not already more manifest in the child's general appearance. It is possible that the rate of growth of a child may offer enlightenment on this point, but the annual weighing and measuring of the whole school population is too big a task to be undertaken at present without the assurance of definite results.

During 1938, on the appointment of the Assistant Medical Officer and the equipping of a laboratory, it is proposed to institute periodical nutrition surveys and to investigate more closely that anæmia which is such a steadfast Lancashire tradition and which one is inclined to attribute to malnutrition.

One is, however, tempted to condemn the present system of dealing with malnutrition. The proposition is one of the simplest logic. Even allowing for the lack of culinary skill on the part of many working-class mothers, the fact remains that an adequate diet is beyond the means of poor people. We know that malnutrition is often associated with poverty. Even if we are doubtful about the criteria of malnutrition there is abundant evidence that impairment of physique is very generally associated with poverty. The function of the public health service is to prevent, and not to cure. It therefore follows that the obvious practical step is not to waste time over the debatable diagnosis of malnutrition, but, without waiting for that to develop, to supplement the diet of those children whose parents are poor.

Ideally, there remains a better method; to raise incomes generally above this poverty line. This is a sociological matter, fraught with many difficulties under our present social system, but there is at least one immediate step which it is surely within our power, as a country, to put into practice. We know that the allowances made to the unemployed fall far below the minimum necessary for adequate support. If these were raised to a proper level there would be an early improvement in nutrition and physique.

There is no reason to believe that this would be a bad proposition economically. The money which would be spent in this way now will probably be spent later on the treatment of established defects arising out of or aggravated by malnutrition. In fact, some part of it is being spent already, for one must not lose sight of the fact that the Local Authority which provides meals at the cost of 6d. per head is actually supplementing the allowance of the unemployed man by 3/- per child per week. This

expenditure is sanctioned by the central authority which thereby tacitly admits that the existing allowances are too low by half. In equity it would be better that this increase should be borne by the national exchequer in its entirety rather than that, as at present, half of it should fall upon the rates of local areas which are already doubly burdened by the distress arising from unemployment.

B. Uncleanliness.

During 1937 the nurses made 9,056 examinations of school children with regard to uncleanliness and 365 individual children were found to be unclean. This figure of 4.03% is an improvement on the 5.35% found to be unclean in 1936, and, in view of the strict standards adopted, is to be regarded as showing a very satisfactory improvement. The importance of the improvement lies in its character. Certain schools which were notorious for their high proportion of unclean children are now vying with those which have always set high standards and, now that the worst laggards have come into line, there is every reason to expect an advance along the whole front.

Most significant has been the general change in the attitude of parents to uncleanliness. The parent who is not prepared to make an effort is rare and the average time taken over the complete cleansing of a child's head is being materially reduced, with a corresponding decrease in absenteeism on account of exclusion. The moral suasion of the N.S.P.C.C. inspector, a forcible and formerly a very necessary adjunct to the service, is being required less and less on this account. The indignant parent is a less frequent visitor at the clinic and it seems that the reasonable attitude toward the head louse; that disgrace consists not in possessing it but in failing to remove it after its presence has been noticed, is being more generally adopted.

C. Minor ailments.

The number of minor ailments discovered at routine inspection continues to be very low. This is attributable to the increased use made by parents and teachers of the minor ailments clinic.

D. Visual Defects and External Eye Disease.

1. External eye disease.

Only one case of external eye disease was observed at routine inspection.

2. Defective Vision.

The number of cases of defective vision discovered at routine inspection was proportionately much the same as in 1936.

E. Ear, Nose and Throat Defects.

Here again, the figures, owing to the decrease in the number of inspections, are not strictly comparable with those for 1936, though the totals remain similar. Unfortunately, the full value of retaining enlarged tonsils under observation, while giving general treatment, has not been realised, since it has not been possible to carry out re-inspections in such cases at the requisite frequent intervals. There is no doubt, however, that of the "observation" cases seen at subsequent routine inspections, the vast majority show some improvement. With the intensification of inspections which will begin with the appointment of an Assistant Medical Officer in 1938, there is no doubt that results will be more satisfactory in all respects.

It is to be regretted, however, that the remarks which I made in my report for 1936 on the question of domestic hygiene have borne, so far, little fruit. The closed bedroom window and the over-clothed child are still lamentably frequent and continue to bring their train of respiratory troubles. There would appear to be a deeply-rooted belief that there is something mischievous in the "night air" when, in sober fact, the air at night is at least as healthy as, if not healthier than, the air by day.

Amazing though it may seem, there is good reason to believe that this prejudice against night air is probably the last remnant of a belief in witchcraft. Our ancestors believed that the witches

rode abroad at night and would invade homes through open windows to cast the evil eye on the sleeping occupants. Accrington, half-a-dozen miles, as the broom-stick flies, from Pendle, the headquarters of the Lancashire Witches, naturally adopted an "air raid precautions scheme" in the shape of closed windows. As time went on, belief in witchcraft dwindled but there lingered the tradition that there was something wrong with the "night air." Perhaps, now, in the twentieth century, it may be possible to convince the public that this malevolent influence no longer exists.

In four Lancashire towns out of five, there is some justification for the complaint that an open window means a dirty house. In Accrington, a town which boasts of its relative cleanliness, this excuse for the closed window is less valid. And even if it were true, could it be justified? We have to choose between dirt and illness. Dirt can be removed by soap and water; disease, it may be, cannot be removed at all. While it is best of all to be clean and healthy, it is better to be well and dirty than ill and clean.

F. Ear disease and defective hearing.

The numbers here remain much the same. Defective hearing, per se, is generally caused by the accumulation of wax, though there is, of course, often some defect of hearing associated with otitis media. In the latter case, the condition is classed as otitis media, in order not to confuse the statistics.

At first sight, the disparity between the large number of ear defects found at special inspection and the small number found at routine inspection seems surprising. In fact, this is not so. What is actually occurring is that these children with defective hearing or otitis media are now being dealt with early and are being quickly cured, so that the defect has cleared up before the child is submitted for routine inspection. Broadly speaking, one may say that every case of such defect seen at routine inspection is due to a failure on the part of the School Medical Service. Much

though parental apathy may be in fault, it cannot be entirely blamed. If the School Clinic provides a sound treatment for a condition, the parents are generally only too eager to make use of it.

Ideally, every case of aural defect should be noticed by either the parent or the teacher in its early stages and submitted as a special inspection case. To wait for a routine inspection may be to condemn the child to increasing disability for three years. It cannot be too strongly urged upon the parent that in this, as in other conditions, it is foolish to wait until the school doctor sees the child, as too many parents still do. Any defect, however slight, can be submitted for special inspection at once.

So far as the use of diagnostic instruments is concerned, there is no doubt that periodical testing by the audiometer would be a valuable routine in schools. This machine can detect incipient deafness, often before either the parent or teacher suspects that anything whatever is wrong, and might be the means of saving a considerable number of children from severe trouble in later years.

The routine use of the auriscope is advocated by some authorities, but this is of debatable value. It is true that the auriscope, in experienced hands, will detect defects which would not otherwise have been discovered, but in the ordinary way, in routine use, it is probable that a defect of such a kind as to be visible through the auriscope will probably have given rise to symptoms serious enough for the parent or teacher to have noticed them. In any case, examination with an auriscope every three years is no substitute for the continuous vigilance of teacher and parent.

G. Dental Defects.

The School Dentist's customary report follows on a later page. Various alterations in the work have permitted of a satisfactory increase in the number of inspections without any material decrease in the number treated.

An attempt is being made to carry out a dental inspection in each school twice in the course of a year, in the hope that this will enable defects to be dealt with in their earlier stages. It can be contended, quite correctly, that the passing of a year may allow a minute cavity to enlarge so far that the tooth becomes completely unsaveable. Further, there is probably a risk of spread of caries to adjoining teeth, so that one saveable tooth may quickly change into two unsaveable ones.

It would appear that the year's treatment figures give some support to this view, since, as compared with the preceding year, while the total number of children treated remains much the same, the number of fillings has increased and the number of extractions has fallen, and the average number of teeth treated per child attending the clinic has fallen from 1.88 in 1936 to 1.52 in 1937. Admittedly the figures for a single year mean little, but it would appear to be worth while to continue the policy of half-yearly inspections for a little longer, if possible. The phrase "if possible" is necessary, since the dentist is only able to spend so much time on inspection because the percentage of acceptances of treatment is still rather low. This is increasing but has not yet shown signs of approaching the 80% which ought to be possible in an educated, intelligent community.

As might be expected, the greater frequency of inspections brings a reduction in the percentage of children inspected who require treatment; 4,827 children, out of 7,533 routine inspections, were found to require treatment, a percentage of 64.08. This is high enough, but it must be remembered that the 7,533 children were not that number of individuals; in fact, about 3,000 of them must have been inspected twice and in some, defects may have been remedied between inspections. The total percentage of the school population with dental defects is probably higher than that 64 and may be in the region of 70. This is rather higher than the figure for the country as a whole and it is, in any case, disturbing that our dental services are making so little headway in the prevention of decay rather than its cure.

The chief causes of dental decay operating in this area are:—

1. **Malnutrition.**

This arises in two ways; through poverty and through ignorance. It must be remembered that the character of that malnutrition which affects the teeth differs from what is generally known as malnutrition both in quality and degree. Where there is general malnutrition the teeth will almost certainly be affected, but signs of malnutrition in the teeth may be found in an individual whose general condition appears to be quite satisfactory. Further, the teeth are more affected than almost any other tissue of the body by malnutrition of the mother during pregnancy. It can be truly said that often the economic history of a family can be read in its children's teeth. I have more than once found it possible to tell a mother, much to her surprise, the dates of her husband's prosperous and unprosperous periods from simple inspection of her children's teeth.

To maternal nutrition I have referred in another section of this report, while I have also commented upon general malnutrition in the children of the poor. A word here upon those faulty dietetic habits in the fairly well-to-do which have their effects particularly upon the teeth may not be amiss.

Teeth, like any other tissue of the body, require both nutrition and exercise. For their nutrition the primary needs are Vitamins A, D and C, and foods containing calcium and other minerals. These factors are contained in milk, butter, eggs and green vegetables. Those on the poverty line cannot, in any case, afford enough of these. Those on higher income levels, who can afford them, while consuming enough to prevent gross general malnutrition, do not eat enough to save the teeth. From the dental point of view, cooked milk (i.e. in milk puddings, cocoa and so on) is not nutritious enough, much of its value having been destroyed by the cooking. In view, therefore, of the doubtful character of much raw milk, it would seem that an increased consumption of pasteurised milk, cold or just warmed, is desirable.

The most obvious lack, however, is that of green vegetables and fruit. The casual visitor to Accrington cannot fail to be impressed by the scarcity of greengrocers' shops, and, though there is, on market days, a welcome increase in the supply, there is certainly a lack of daily opportunity to purchase these foods. Especially during winter, however, prices are high and quality low. One cannot help feeling that this part of a vicious circle: if the public demanded the articles, the shops and stalls would supply them more cheaply and better in quality, but, as the public, deterred by price and quality, does not buy, the shop-keeper not unnaturally refrains from laying in a large stock, preferring the safety of a small trade to a clientele who can afford fairly high prices.

It is important for the public to know that the dried vegetables which form a staple article of diet during the winter (and much of the summer) are not in any way an adequate substitute for the real thing. It is equally important for the cooking of vegetables to be improved far beyond the standard at present in force. Four housewives out of five, when cooking vegetables, carefully extract all the mineral salts and destroy all the vitamins by prolonged boiling, pour the water, which by then is the only nourishing part of the mess, down the sink, and then serve to their families an evil-looking and tasting dish which is of little food value and which is undoubtedly calculated to cause children to say, as many of them do, "I don't like greens." The less cooking to which green vegetables and fruit are subjected the better, for both taste and food value. For the teeth the raw vegetable is undoubtedly the best.

Sugar appears to have a detrimental effect upon the teeth, both directly and, by causing a loss of appetite for better foods, indirectly. One can only condemn the way in which promiscuous pocket-money is doled out to present day children upon request. The "Saturday penny" of the old days, an excellent and adequate institution, has increased to sixpence or a shilling which, even allowing for higher prices, is many times greater than its

precursor. If the parent who deals so generously with his children would, instead, devote the money to the maintenance of a dish of apples on the sideboard, to be eaten by the children whenever they liked, he would certainly draw a considerable dividend from his saving in dentist's bills.

2. Dental Hygiene.

The ill-nourished tooth will decay whatever we do. The well-nourished tooth needs care if it is to survive. Questioning of school-children shows that the individual possession of a tooth-brush is not by any means universal, while its use, as regularly as it should be used, is rare enough to be a curiosity. A child will learn at the age of two, or earlier, to use a tooth-brush and should be taught to do so. At this age, for efficiency, the mother should also clean baby's teeth; it is the inculcation of the habit, rather than its effect, that is important. **If a child forms the tooth-brush habit young it will never lose it.** Need one say more?

The eating of hard foods is also of value. The apple exercises the teeth while it nourishes them. So does firm crusty bread, another rarity at the present day. It is impossible not to regret the decay of the custom of baking bread at home, especially when so much of the bread one buys has the consistency and flavour of sponge rubber.

There is no reason, apart from an extreme poverty, why dental decay should be wide-spread. Four-fifths of the work of the school dentist is needless. One is tempted also to reflect that it is useless when one notices the rarity, among young adults, of a completely healthy mouth and the frequency of partial or complete dentures among persons even as young as the early twenties. In a rational community toothache would receive punishment rather than sympathy, for except, as I have said, where poverty is extreme, no one gets toothache unless he or she has "asked for it."

II Orthopædic and Postural Defects.

At routine inspection there were discovered two cases of old rickets, 24 spinal curvature (18 of which were for observation only) and 38 other defects (26 being noted for observation only).

These figures show a slight, but probably not significant, increase over those for 1936. The greatest increase is in the "other defects" the great majority of which were cases of slight knock-knee or slight flat-foot.

1. Heart and Circulatory Defects.

These figures are much the same as the previous year's, though a steady decline in cases of anæmia appears to be taking place. This is, possibly, a reflection of the closer attention which is being given to nutrition, since many children who would otherwise have been noted as anæmic have been diagnosed at special inspection and given appropriate supplementary diet.

J. Tuberculosis.

No cases of suspected or actual tuberculosis were detected at routine inspection during the year. This is as it should be. Nine-tenths of all tuberculosis ought to be detected and placed under treatment by the family doctor with the co-operation of the tuberculosis officer. The remaining tenth ought to be seen at special inspection at the urgent request of parent, teacher or doctor. The detection at school medical inspection, in an urban area, of active tuberculosis means that the appropriate machinery for combating the disease has failed to work.

K. Other Defects.

There is no significant change from last year.

5. Infectious Diseases.

The weekly return of infectious diseases, which every Head Teacher is required to submit, has more than justified existence during 1937.

During the first three-quarters of the year all infectious diseases showed an unusually low incidence, but an epidemic of diphtheria broke out in October. During the last three months of the year 61 school children and one teacher were notified as suffering from this disease. A note on the character and progress of the epidemic appears in the General Public Health section of this report.

No schools were closed on account of the epidemic, the only alterations made in school curricula being the suspending of visits by classes from heavily infected schools to the woodwork and domestic handicraft centres at other schools. School closure is a procedure of little value in the treatment of epidemics. It is true that, while at school, children incubating the disease may sit near to others and possibly infect them, but all the children are under the supervision of teachers and the onset of the disease in any child can be promptly detected. If the school is closed, the children mix just as freely and much more intimately on the streets and in each other's homes. They are under no special supervision and prompt detection of the disease in its early stages is unlikely.

No resort was made to the wholesale swabbing of classes or complete schools which is sometimes carried out. The reason for this was the comparative unreliability of the swab in mass diagnosis. It is possible to obtain a positive swab from the nose or throat of a child or adult who is perfectly healthy and not infectious, since the organisms in his naso-pharynx are not virulent. It is equally possible to obtain a negative swab from a person who has the disease in an acute, virulent and highly infectious form. Swabbing, therefore, was only carried out upon such contacts as showed active symptoms in the throat or nose, or who gave a recent history of such symptoms, the symptoms being taken as an indication that the bacilli, if present, were probably virulent.

6. Arrangements for treatment.

It appeared probable, towards the end of 1937, that the Central Area Scheme, which was to include the provision of a

new clinic, would be delayed longer than had been expected. The suggestion was, therefore, made, that a suitable building in the centre of the town might be bought or rented and converted for temporary use until the new buildings were complete. A special joint Sub-Committee, of the Education and Maternity and Child Welfare Committees, was set up to consider this. The Sub-Committee finally reported against the proposal, recommending, as an alternative, that the clinic should be deleted from the plans of the new Municipal Offices and that a new Health Centre, of semi-permanent construction, should be built on a suitable site in Cannon Street as early as possible.

Provisional plans were drawn up and, at the time of writing, the plans have been approved by the Borough Council and the Board of Education. Substantial progress has been made with the scheme and it now seems likely that building will begin in the late summer of 1938 and that the Centre will open early in 1939.

A. Minor Ailments and Diseases of the Skin.

The Minor Ailment Clinic has continued to work along the same lines as in 1936, but there has been a gradual alteration in its scope. The number of really trivial ailments or injuries treated is, as it very properly should be, decreasing, the total number of children seen being kept constant by the very considerable number of special inspections which are now being carried out. Probably no side of the Service has shown such gratifying results as this, the Clinic being exceedingly popular and, necessarily, dealing with a wide variety of work ranging from child guidance to the treatment of simple abrasions.

The limitation of consultations to three mornings per week has had the effect of causing a great accumulation of work on those mornings. When the Deputy Medical Officer begins work, he will hold a daily session, thus effecting a more satisfactory spread of the work over the available time.

B. Defective Vision.

The treatment scheme has, through 1937, retained the shortcomings which hampered it in 1936, and which are inherent in the present system. In 1938, with the appointment of a Deputy Medical Officer, it will be possible to make the necessary radical alterations in the scheme.

As I suggested last year, it will be necessary, on the expiry of the present contract, to make an alteration in the system of supply of spectacles. Under the present system the work of the oculist is constantly hampered by delay, often amounting to a month or two, before the child takes the prescription to the optician, by the parents choosing, or allowing the salesman to choose for them, unsuitable spectacle frames and by children failing to present themselves for examination with the spectacles as soon as these have been bought, in order that any errors may be rectified at once.

The supply of spectacles should be under the direct control of the clinic, and, under the proposed scheme, will be. An optician will contract to supply certain approved types of frame, and those only. Ordering, collection by the children and payment will be done at the clinic, so that the fit and the accuracy of the lenses of each pair of glasses may be checked before the child takes possession of them.

C. Nose and Throat Defects.

The numbers treated under this head are much the same as in 1936 and remain definitely rather below what might be expected. This, of course, is probably due to the fact that the School Medical Inspections were below normal in number.

D. Ear Disease and Defective Hearing.

A total of 55 cases, as against 57 last year, was treated. The insufflation clinic for otorrhoea was continued with the same measure of success, so that the treatment may now be regarded

as well established. There are a few stubborn cases which fail to respond to insufflation and, for the treatment of these, it is hoped to include an ionisation apparatus in the equipment of the new clinic.

E. Dental Defects.

The percentages of acceptances of treatment has, for the first time since 1934, shown a decrease, from 55.24 to 54.8. While shortage of staff has prevented the carrying out of visiting by the Dental Attendant, which had contributed materially to the improvement in 1936, the figure is a most unsatisfactory one. In more prosperous areas as many as one-third or one-half of the children who do not accept treatment at the clinic receive it from private dentists, but in Accrington we have not this consolation. It must, regretfully, be assumed that of the 2,179 children who were not treated at the clinic nearly 2,000, or 41% of the children needing treatment, had nothing whatever done.

It is always difficult to assess the ultimate effects of this neglect, since the Medical Services lose touch with young people after they leave school and only a small proportion are ever seen again by the staff. The condition of the teeth of those expectant mothers who attend the ante-natal clinic affords some evidence of what happens during the eight or ten years after school ceases and confirms one's most pessimistic conjectures.

It is hard to see much prospect of a satisfactory improvement. For years the dentist has been, to the uninformed mind, a torturer. It is not easy to see him in his true light as a friend. But this conscious or subconscious attitude of the parent invariably inspires fear in the child. This fear of the dentist is, possibly, the greatest difficulty, but there are one or two superficially reasoned objections which can be met by reason.

"I'll wait till it aches." This is a common saying among parents when one suggests dental treatment for a child. To do so often means the loss of a perfectly saveable tooth. Moreover,

this is a refined form of cruelty to the child. If he must, in any case, go through the unwanted experience of a filling or an extraction, why should he be further tortured by being compelled to suffer agonies of toothache first?

"We'll wait till they drop out!" This is a common reply to the suggestion that milk teeth should be dealt with. Again, it may condemn a child to unnecessary toothache. It may result in the wider spread of caries. It may, and not infrequently does, cause the permanent teeth to begin to decay almost before they are well erupted.

"I don't believe in fillings." How often one hears this and, asking why, is met by a simple reiteration. "Well, I don't." This is, of course, unanswerable. But if the reply "They drop out" is elicited, there is a perfectly good answer to it. A certain number of fillings drop out in adults as well as in children, but the common reasons for the falling out of fillings in children are, first, the eating of "stickjaw" shortly after the filling is inserted, in defiance of the dentist's instructions and, second, that the "leave it till it aches" philosophy has caused decay to spread so widely that the dentist has been unable to find enough sound matter in the tooth to give the filling a good grip. In either case, neither filling nor dentist is to blame; the fault lies with the parent.

The number of mouths which cannot, by personal care and properly timed conservative dentistry, be kept reasonably healthy well into adult life is small indeed. Those two mouths which grin too often in our streets, through a graveyard of blackened stumps, or through two rows of gleaming whiteness palpably too good to be true, are equally tragic and ugly—and unnecessary.

F. Orthopædic and Postural Defects.

The scheme has continued to work very satisfactorily during 1937. The total number of cases treated has risen from 26 in 1936 to 43 and the results of treatment have, in the main, been very gratifying. In addition to recording the increased number

treated. I must point out that selection of cases is now becoming stricter, certain mild cases of flat foot and knock-knee which would formerly have been referred to the orthopædic clinic having been dealt with in the inspection clinic.

Since the number of routine medical inspections has fallen, it follows that the increased number of orthopædic cases ascertained have been referred from the inspection clinic. This, in turn, means that parents are more alive to the need for early treatment of crippling defects and are seeking such treatment in good time. It is impossible to resist the temptation to point the moral by asking why there is not the same eagerness to have ophthalmic and dental defects attended to. Is the difference due to economic or aesthetic considerations; to the reduction in earning power or value in the marriage market resulting from deformity? Common sense alone offers no explanation.

6. Tuberculosis.

There has been no change in the arrangements for treatment.

7. Open-air Education.

a. Chaigley Manor.

The Accrington and District Convalescent Home has continued its good work during 1937. Although an epidemic of diphtheria in the late summer caused a temporary holding up of admissions the total number of children admitted in the year remained satisfactorily high.

The Home has produced consistently good results in the treatment of malnutrition and those deficiency and debility diseases associated with it and is an asset of incalculable value to the School Medical Service. I should like to express formal thanks to the Matron, Miss Bell, to the Committee and to those who supply the funds, for their assistance in overcoming one of the most difficult problems of the School Medical Service.

A list of Accrington schools and the numbers of children sent to Chaigley is appended.

School.	Number of children.	Extensions.
Spring Hill Council.....	30	5
St. Oswald's R.C.	30	7
Hyndburn Park Council.....	8	1
St. Anne's R.C.	23	6
Woodnook Council	8	1
St. John's C.E.	13	2
Huncoat Council	4	6
St. Andrew's C.E.	6	1
St. James' C.E.	12	5
Special Class (St. James').....	2	—
Hannah Street Council	2	—
St. Mary Magdalen's C.E.....	8	4
Peel Park Council	16	—
St. Peter's C.E.	14	2
Benjamin Hargreaves' C.E.....	3	—
Woodnook St. Mary's C.E.....	11	2
Central School	—	—
Green Haworth C.E.	2	—
Baxenden C.E.	4	—
	196	42

b. The Camp School.

The one-week School Camp which has for some years been associated primarily with the name of Mr. Garnett was last year expanded to a one-month "camp school" at Llanfairfechan. Two parties of boys and two of girls each spent one week in the camp house during September, a modicum of instruction being added to the holiday activities.

While no striking claims can be made, analysis of the results shows almost precisely what might have been expected.

1. The boys benefited more than the girls. This was natural, since each party of boys had a nucleus of "old campers" who made the settling down process easier, while they were each accompanied by masters who knew the camp and its surroundings. The girls enjoyed neither of these advantages and some of them were hardly settled before the week ended.

2. The formal educational aspect was a failure. The short duration of the camp necessitated a rather concentrated programme of excursions and the skilfully-compiled syllabus suffered from the fact that its more formal part had to be undertaken each day when the children were tired.

3. The informal educational side was a conspicuous success. This, of course, was also a foregone conclusion. To take boys from an urban environment to a country and seaside district where their history and geography lessons come to life around them is to teach things that the schools by themselves could never impart. It may be mentioned, in passing, that the sketches, on the spot and from memory, made by the children of various objects of natural or historical interest, showed a remarkably high quality of work.

4. There was considerable disorganisation of school work. The absence of small parties from several schools, together with the consequent absence of teachers, produced unfortunate results in those schools whose staff was called upon.

5. The physical effect upon the children was wholly good. In no case, however, could the one week's stay be regarded as really long enough to produce the maximum benefit.

6. Owing to the cost it was impossible for some of the children who most needed camp school life to get it.

The experiment is, on the whole to be regarded as encouraging; but will probably not be repeated in its present form. To overcome the difficulties it is necessary :—

1. That necessitous cases should be admitted free, or, alternatively, that the expenses should be so far reduced as to bring the camp within the reach of all purses.

2. That, in order to avoid disorganisation of the schools, complete classes, with their appropriate teachers, should visit the camp as units.

3. That the minimum period of stay should be at least fourteen days and preferably a month. This would do away with the difficulty of settling down and would permit of a more reasonable balance between formal and informal education.

The educational reorganisation scheme should certainly envisage a permanent camp school on these lines. This school must consist of a building of suitable construction, size and character for the purpose, on a carefully chosen site. The site should combine the following essentials:—

1. It should be so far from Accrington that over-frequent visits from parents would be impossible, as they are a constant force preventing children from settling down.

2. It should be in surroundings unfamiliar to the majority of the campers, thus adding the attraction of novelty and “adventure.”

Such sites are available within thirty or forty miles of the town and it should not be long before one is acquired and put to this use.

8. Provision of Meals.

It is gratifying to be able to note that important steps have been taken, since my last report, in the direction of improving the arrangements for the provision of meals. It is recognised that the present scheme is at best unsatisfactory and it has been decided to arrange for the central supply of meals of a uniform standard.

In the meantime attempts have been made to improve the dietary at the existing small centres. Improvement of the facilities was, unfortunately, impossible, though the closing of the least satisfactory centre has eliminated one serious source of dissatisfaction. A revised diet sheet was circulated to the proprietors of the centres and more frequent inspections were made, so that at present a reasonably adequate menu, both qualitatively and quantitatively, is being served at almost all the centres. In no centre, however, are the amenities and general surroundings even moderately satisfactory.

As regards the central supply, it should, theoretically, be possible to secure satisfactory food from a private firm of caterers, but there is the possibility that the Education Authority may have to consider undertaking the catering itself. This is not, by any means, an insuperable difficulty, but it must be realised that the cost of the scheme will undoubtedly increase. The fact that, at present, meals are supplied on a scale graded from 6d. to 4½d. per meal per head has caused the opinion to be voiced that with central catering the cost might be even further reduced. This is emphatically not so and the Authority will be very fortunate if it is able to secure what is desirable at even 6d. per meal, the present maximum.

In the first place, the dietary needs careful consideration. It must be the function of the Authority to supply not a "balanced" meal, but a "balancing" one. It is not enough to supply a single meal in the day with its protein, fat and carbohydrate in the correct proportions, when the other meals, eaten at home, certainly contain an excess of carbohydrate and far too little of the protective foods. The supplementary feeding provided by the Education Authority should try to make up for the shortcomings of the home diet. If, for example, the requisite daily amount of each type of food be represented by 100, breakfast, tea and supper, taken at home, will in the cases under discussion contain:—

Carbohydrate	100 or more.
Protein	20
Fat	30
Protective foods	10

To remedy this condition it is necessary to add, by some means:—

Carbohydrate	0
Protein	80
Fat	70
Protective foods	90

In other words, the Free Meals Scheme must supply 80% of a full day's allowance of protein, 70% of a full day's fat and 90% of a full day's protective food; a very different proposition from supplying merely a single balanced meal.

Actually, a single meal of the composition indicated would be very indigestible, and the ideal cannot be achieved. A nearer approach to the solution is to give a milk ration **as well as a meal**, since milk contains a negligible quantity of carbohydrate and is rich in the other substances. Even so, the dinner served must contain more meat, more green vegetables, more fruit and less potato than any ordinary dinner which would be eaten by a person on a normal diet. This, in itself, is bound to increase the cost of the meal, by increasing the amount of dear food and reducing the amount of cheap food.

In the second place, a pleasant room with clean and attractive crockery and cutlery, is absolutely essential. With this must be coupled facilities for washing and personnel for supervision, all of which add to the expense.

It is not enough merely to provide the food, however good. As I have said before, proper eating in pleasant surroundings not only aids digestion, but is a valuable addition to general education. Too often one hears of local authorities compelling children to eat with spoons, as they cannot be trusted with a knife and fork, or covering the tables with paper because the children cannot be trusted to keep a tablecloth clean. If the home has not fulfilled its duty, surely it is for the education authority to educate the children in these very things; to teach them how to use knives and forks and how to respect clean linen. Education which refuses to teach anything that might be imparted in the home does not deserve the name of education.

9. Co-operation of Teachers, Parents, School Attendance Officers and Voluntary Bodies.

Once again invaluable aid has been given by these bodies and individuals, to whom the utmost gratitude is due. Parental co-operation, in particular, has reached a remarkably high level, particularly in the Nursery School, where mothers' and fathers' guilds are flourishing and setting a shining example to the parents of children in other schools.

10. Blind, Deaf, Defective and Epileptic Children.

There is nothing new to record under these heads. An expanded scheme for mentally defective and retarded children is now regarded as an integral part of the reorganisation scheme. Until this is put into practice the present arrangements will continue, but the appointment of a Deputy Medical Officer will enable greater attention to be paid to the existing class.

11. Nursery Schools.

The Lee Royd Nursery School has continued its work during 1937 and is becoming increasingly popular. There is every indication that it will shortly be filled to capacity and have a waiting list for admission.

I am again loth to attempt to evaluate its work, the full effect of which is not likely to show itself until the ex-nursery school child is adolescent, but I am satisfied that it is achieving all its immediate objectives. The physical and mental progress of all the children admitted is highly satisfactory, not only to the staff but to the parents.

One particularly sound feature of the school is parental co-operation and interest. Since the sending of a child to the school demands a little effort and expense from the parent it is natural that the children entering should tend to be those of the more sensible parents, but even so the mothers' guild is flourishing surprisingly well and the fathers' club, though rather less active, has made a very good beginning. It would, of course, be

impossible to get the best out of a nursery school without such organisations but Miss Wright is to be congratulated on her efforts in this direction and upon the success which has attended them.

The nursery classes in the borough, which are being improved and extended under the reorganisation scheme, are further helping in the care of children during the very critical years between two and five, but it must be realised that a nursery class, however good, cannot possibly be regarded as more than a very incomplete substitute for a nursery school. I would go so far as to say that no town is justified in adopting a policy of nursery classes if it can afford nursery schools and that Accrington must not commit itself so irrevocably to the classes that it cannot build and staff more schools when more prosperous days return.

12. The Difficult Child.

Possibly our greatest need in North-East Lancashire is for some satisfactory means of dealing with the difficult child. It is easy enough to provide special schools and clinics for the child with obvious mental or physical defects while his equally abnormal brother who is "awkward," "naughty," "nervous" or the like is completely neglected, but the time has surely come when we must recognise these behaviour disorders for what they are; curable troubles which, if neglected, will do far more harm than infected tonsils, running ears or flat feet.

Good citizenship is no mere matter of bodily health, but demands mental health and the co-ordination of mind and body and it is being increasingly realised that the maintenance of mental health falls within the scope of the School Medical Service. Without necessarily quarrelling with "original sin" as a purely religious concept, we must, for practical purposes, assume original innocence in the new-born child and understand that it is for the parent, the teacher and all concerned with the child's welfare to determine whether he shall incline to the good or the bad. The very apt term "Child Guidance" has been given to the science of leading the child from the wrong path to the right and I should like to urge the need for child guidance work in this particular area.

Every session of the Juvenile Court emphasises our lack of such a scheme. Juvenile delinquency is not an entity in itself; it is a symptom of psychological abnormality, and the soundest way of dealing with it is not necessarily by punishment of the crime but rather by the discovery of the underlying cause and the remedying of that. To take a single example, it is not at all uncommon for a child to steal an article not because he desires it for itself but because his home life is unhappy and he desires love most of all. The stolen article is a symbol of the love and happiness he craves for. Drastic punishment, though it may have some temporary effect upon the delinquency, cannot effect a permanent cure in such a case, because it leaves the cause untouched. Its final effect will probably be to emphasise not the commandment "Thou shalt not steal" but the unwritten eleventh commandment "Thou shalt not get found out" and it may thus be the means of confirming the child in crime rather than curing him.

Lying, stealing and sexual delinquency, the three commonest "crimes" of the child and young person, while not always curable once they have become well established, are always preventable or can be nipped in the bud if the child can be taken in hand at the right time and in the right way. Child guidance has, where guidance clinics exist, proved in the highest degree helpful in cases of this kind.

It must not be imagined, however, that the sole, or even the most important function of a child guidance clinic is the treatment or prevention of delinquency. The bulk of its work is concerned with what might be called the "maladjusted child" who is developing un-social rather than anti-social tendencies and who promises to be a misfit in later life. These children grow up into the large mass of neurotic, selfish, over-aggressive, over-timid or "spoilt" square pegs in round holes who make the working of our social system so difficult.

Children of this type are distressingly frequent. Each week sees one or two of them discovered at school medical inspection or in the minor ailment clinic. Until recently it was possible to

refer the more serious cases to the Manchester child guidance clinic, but the Manchester Education Committee has formed such a high opinion of the clinic's work that it has taken over the clinic, so that it is now closed to children from outside the City.

I feel that it would be well worth the while of the North East Lancashire Authorities to consider combining to start such a clinic in the area. The boroughs of Accrington, Colne, Darwen and Nelson and the County Boroughs of Burnley and Blackburn have a total population of over 350,000, while the smaller authorities, if they and the County Council co-operated, would bring the total population of the area near to the half-million mark. A population of this size could provide ample work for a child guidance clinic.

It would be possible for a small unit to begin work at a cost of £2,000 or so a year. Allowing for grant and for parents' contributions, the spreading of the cost over the towns I suggest would add about one-tenth of a penny to the rates. For this sum there could be a full-time psychiatrist, dividing his or her time between the two groups of towns, Blackburn, Accrington and Darwen, and Burnley, Nelson and Colne and one full-time social worker to each group, a sufficient service to make a start. Some of the authorities I mention are prepared to consider such a scheme and I would strongly advise Accrington to join in this consideration.

13. Employment of Children and Young Persons.

The arrangements for supervising the employment of children and young persons are the same as in previous years. During the year 92 children were registered for employment out of school hours.

In accordance with Bye-law 5 (A) 60 children were examined for the delivery of newspapers and 17 for the delivery of milk, 12 being employed as errand boys and 3 as errand girls.

6 children were examined and certified fit for variety entertainment.

Dental Report.

School Dental Clinic,

14, Willow Street,

Accrington.

To the Chairman and Members

of the Accrington Education Committee.

Ladies and Gentlemen,

I beg to submit my Tenth Annual Report as your Dental Officer, which reviews the work of the Dental Service for the twelve months ended 31st December, 1937.

During February the senior scholars of eleven years of age and upwards had the benefit of talks on dental health education by a demonstrator from the Dental Board.

The schools were visited in turn and in order to ensure the lecturer being easily heard by each child not more than 120 children were taken at a time.

The talks given were of about 20 minutes duration and dealt in a suitable manner with such subjects as cause of dental decay, dangers of oral sepsis, value of early conservative treatment, correct toothbrush drill, diet, etc. Most effective illustration was obtained by means of models, charts, and posters, which the children were allowed to inspect at close quarters immediately after the talk concluded. Questions were also invited. As education of this type is undoubtedly of great value it was most unfortunate that the attendance at the schools during this period was very low owing to an influenza epidemic, and demonstrations arranged for the mothers at the Maternity and Child Welfare Centre had to be cancelled for the same reason.

The Dental Officer visited each school in the Borough twice during the year in order to carry out routine dental inspections.

The teeth of all children in attendance were examined and 58 half days devoted to these duties. The total number of children inspected was 7,533, an approximate average of 130 children inspected per session. 302 special cases were also sent to the Dental Clinic for examination, making a grand total of 7,835 children inspected.

It was found as a result of these inspections that 4,827 children required dental treatment. This represents 61.6 per cent. of the total number inspected. Notification was sent to the respective parents in all cases referred for treatment pointing out that this was available at the Dental Clinic on parental consent being obtained.

Favourable replies having been received in each case, 2,648 children made a total of 3,096 attendances at the Dental Clinic for treatment. Reducing this to a percentage basis we find that the number treated is 54.86 per cent of the total number requiring treatment and is slightly below the previous year when 55.24 per cent. accepted. As the latter figure is the highest percentage accepting in any one year since the full-time Dental Service was inaugurated we should undoubtedly have improved on this if full effect could have been given to the scheme of home visits introduced last year in the cases of refusal. Unfortunately this was in abeyance for approximately half the year owing to depletion of the nursing staff.

275 homes were visited by the Dental Attendant but as the parents were out on the first occasion in many instances the number of visits actually made during the 25 sessions devoted to these duties totalled 305. The number of interviews obtained was 186 and in 100 cases the parents accepted treatment at the Dental Clinic. 37 others promised private treatment.

Regarding the treatment carried out for school children at the Dental Clinic it is a pleasure to report that the amount of

conservative treatment shows an increase on preceding years. The total number of fillings completed was 986, consisting of 945 in permanent and 41 in temporary teeth. This compares favourably with last year's figures of 747 in permanent and 27 in temporary teeth, a total of 814 fillings. The teeth extracted totalled 2,744 and consisted of 2,007 temporary and 437 permanent teeth. The number of administrations of general anæsthetics was 472. Other operations performed such as scalings, gum treatment, etc., totalled 410.

In order to render the Dental Service more complete it was decided during the year to extend this to include the treatment of expectant, nursing mothers, and pre-school children. Dentures will be supplied to mothers in necessitous cases, the mechanical work of which will come under the supervision of the Dental Officer.

During the year under review a total of 6 attendances were made by 3 mothers, the total number of teeth extracted being 61. In addition 4 temporary teeth were extracted for 1 pre-school child. In the case of mothers 6 administrations of general anæsthetics were given and 1 for the pre-school child.

No dentures were supplied during the year.

My sincere thanks are due to the Medical Officer for his enthusiasm and continuous support. To the Director of Education and his staff, I am also under obligation for many services, and to the Head Teachers for their whole-hearted co-operation.

In conclusion, Ladies and Gentlemen, I desire to express my appreciation of your kindness and consideration.

I am, Ladies and Gentlemen,

Your obedient servant,

FRED LOMAX.

Dental Officer.

APPENDIX.

Statistical Tables in respect of the Routine Inspection of
Elementary Schools, carried out during the year ended
31st December, 1937.

TABLE I.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Nursery School	55
Entrants	224
Second Age Group	290
Third Age Group	196
Total.....	765
Number of other Routine Inspections	14
Grand Total	779

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,073
Number of Re-Inspections	672
Total.....	1,745

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

GROUP.	For Defective Vision (excluding squint).	For all other conditions recorded in Table II A.	TOTAL.
Nursery School	—	11	11
Entrants	2	32	34
Second Age Group	22	9	31
Third Age Group	22	11	33
TOTAL (Prescribed Groups)..	46	63	109
Other Routine Inspections.....	—	2	2
GRAND TOTAL	46	65	111

LEE ROYD NURSERY SCHOOL, ACCRINGTON.

MEDICAL INSPECTION, 1937.

Number of Routine Inspections	55
Number requiring Treatment	11
Number requiring to be kept under observation	13
Number of Special Inspections	39
Number requiring Treatment	21
Number requiring to be kept under observation	1

Defects found at Routine Inspections:	Requiring	
	Treatment.	Observation.
Chronic Tonsillitis only	—	5
Chronic Tonsillitis and Adenoids	—	—
Heart Disease (Functional)	—	2
Bronchitis	2	1
Deformities. (Rickets)	—	1
(Other Forms)	4	3
Other Defects and Diseases	2	1
Total.....	8	13

Defects found at Special Inspections:	Requiring	
	Treatment.	Observation.
Eye	—	—
Ear	1	—
Chronic Tonsillitis only	—	—
Deformities	5	—
Other Defects and Diseases	8	1
Total.....	14	1

Classification of the Nutrition of Children inspected during 1937:

Number Inspected.	(A) Excellent	(B) Normal.	(C) Slightly subnormal.	(D) Bad.
55	—	36 (65.45%)	18 (32.72%)	1 (1.81%)

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1937.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment
(1)	(2)	(3)	(4)	(5)
Skin.				
Ringworm :				
Scalp	—	—	—	—
Body	—	—	4	—
Scabies	1	—	6	—
Impetigo	—	—	116	—
Other Diseases				—
(Non-Tuberculous)	1	2	18	—
Eye.				
Blepharitis	—	—	36	1
Conjunctivitis	1	—	18	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision and Squint)	—	—	17	—
Defective Vision (excluding Squint)	46	3	35	1
Squint	2	2	5	—
Ear.				
Defective Hearing	1	—	22	—
Otitis Media	1	—	21	—
Other Ear Diseases	2	2	12	—

TABLE II.—Continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
(1)	(2)	(3)	(4)	(5)
Nose and Throat.				
Chronic Tonsillitis only	9	65	17	—
Adenoids only	—	1	5	—
Chronic Tonsillitis and Adenoids	1	9	10	—
Other Conditions	—	2	21	—
Enlarged Cervical Glands (Non-Tuberculous)	—	2	—	—
Defective Speech	4	8	3	2
Heart and Circulation.				
Heart Disease :				
Organic	1	5	—	—
Functional	1	4	—	—
Anemia	4	4	13	—
Lungs.				
Bronchitis	11	29	12	1
Other Non-Tuberculous Diseases	—	—	2	—
Tuberculosis.				
Pulmonary :				
Definite	—	—	—	—
Suspected	—	—	—	—

TABLE II.—Continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but <i>not</i> requiring Treatment
(1)	(2)	(3)	(4)	(5)
Tuberculosis—continued.				
Non-Pulmonary :				
Glands	—	—	—	1
Bones and Joints.....	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System.				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	—	—	—	—
Deformities.				
Rickets	—	2	—	—
Spinal Curvature	6	18	1	2
Other Forms	12	26	17	2
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)				
	1	4	15	4
Total.....	105	188	426	14

TABLE II.—Continued.

B.—Classification of the Nutrition of Children inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Nursery School...	55	—	—	36	65.45	18	32.72	1	1.81
Entrants	224	—	—	203	90.62	21	9.37	—	—
Second Age-group	290	—	—	236	81.37	53	18.27	1	0.34
Third Age-group ..	196	—	—	188	95.91	8	4.08	—	—
Other Routine Inspections...	14	—	—	12	85.71	2	14.28	—	—
Total.....	779	—	—	675	86.64	102	13.09	2	0.25

**TABLE III.—Return of all Exceptional Children in the Area
in 1937.**

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	8	—	—	8

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools	At other Institutions.	At no School or Institution.	Total.
5	—	—	—	5

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	—

Mentally Defective Children.

Feeble-minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	5	—	—	5

Epileptic Children.

Children suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	2	—	1	3

Physically Defective Children.

A.—Tuberculous Children.

I.—Children suffering from Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total
—	1	3	—	4

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
—	15	3	—	18

B.— Delicate Children.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	5	—	—	5

C.—Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	7	—	1	9

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

Children suffering from Multiple Defects.

i.e.: from any combination of the following types of defect:—

Blindness (excluding partially sighted children); Deafness (excluding partially deaf children); Mental Defect (Feeble-minded); Severe Epilepsy; Active Tuberculosis; Crippling (as defined in Section C above); Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
Crippled and Feeble-minded	—	2	—	—	2
Blind and Feeble-minded	—	—	—	1	1

**TABLE IV.—Return of Defects treated during the year ended
31st December, 1937.**

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which
see Group VI.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin.			
Ringworm (Scalp):			
(i) X-Ray Treatment	—	—	—
(ii) Other Treatment..	—	—	—
Ringworm (Body)	4	—	4
Scabies	4	2	6
Impetigo	113	3	116
Other skin disease.....	18	—	18
Minor Eye Defects	71	—	71
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	54	1	55
Miscellaneous	402	20	422
(e.g., minor injuries, bruises, sores, chil- blains, etc.)			
Total	666	26	692

TABLE IV.—Continued

GROUP II.— DEFECTIVE VISION and SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report).	377	—	377
Other Defect or Disease of the Eyes (excluding those re-recorded in Group I)	1	—	1
Total.....	378	—	378

Number of children for whom spectacles were prescribed:—

(i) Under the Authority's Scheme	203
(ii) Otherwise	1
Total.....	<u>204</u>

Number of children for whom spectacles were obtained:—

(i) Under the Authority's Scheme	203
(ii) Otherwise	1
Total.....	<u>204</u>

TABLE IV.—Continued.**GROUP III.**—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	
—	—	20	1	—	—	12	1	—	—	32	2	—	34

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.

(iv) Other defects of the nose and throat.

TABLE IV.—Continued.

GROUP. IV.—ORTHOPEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	
Number of children treated	2	—	42	—	—	—	43

TABLE V.**DENTAL INSPECTION AND TREATMENT.**

1—Number of children who were:—

(i) Inspected by the Dentist:

		Aged			
Routine Age Groups.....	}	2 to 5	...	1171	} Total 7,533
		6	...	738	
		7	...	804	
		8	...	823	
		9	...	845	
		10	...	866	
		11	...	696	
		12	...	718	
		13	...	797	
Specials	}	14	...	75	}

Specials 302

Grand Total..... 7,835

2—Number found to require treatment 4,827

3—Number actually treated 2,648

4—Attendances made by children for treatment 3,096

5—Half-days devoted to:—

Treatment	363	}	Total	421
Inspection	58			

6—Fillings:—

Permanent Teeth	945	}	Total	986
Temporary Teeth	41			

7—Extractions:—

Permanent Teeth	437	}	Total	2,744
Temporary Teeth	2307			

8—Administrations of general anæsthetics for extractions... 472

9—Other Operations:—

Permanent Teeth	194	}	Total	410
Temporary Teeth	216			

TABLE VI.**GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.**

1—Average number of visits per school made during the year by School Nurses	3
2—Total number of examinations of children in the Schools by School Nurses	9,056
3—Number of individual children found unclean	365
4—Number of children cleansed under arrangements made by the Local Education Authority	56
5—Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921	Nil.
Under School Attendance Byelaws	Nil

